

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION

MID-AMERICA CARPENTERS REGIONAL
COUNCIL PENSION FUND; *et al.*,

Plaintiffs,

v.

DOCK & DOOR INSTALL, INC., *et al.*,

Defendants.

24-cv-06428

Judge Andrea R. Wood

Magistrate Judge Jeannice W.
Appenteng

**PLAINTIFFS' STATEMENT OF UNDISPUTED FACT IN
SUPPORT OF THEIR MOTION FOR SUMMARY JUDGMENT
PURSUANT TO LOCAL RULE 56.1**

EXHIBITS 81-100

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOI
EASTERN DIVISION

MID-AMERICA CARPENTERS REGIONAL
COUNCIL PENSION FUND; *et al.*,

Plaintiffs,

v.

DOCK & DOOR INSTALL, INC., an Illinois
corporation and MIDWEST DOCK SOLUTIONS,
INC., an Illinois corporation,

Defendants.

Case No 1:24-cv-06428

Judge Andrea R. Wood

Magistrate Judge Jeannice
W. Appenteng

**PLAINTIFFS' STATEMENT OF UNDISPUTED FACT
IN SUPPORT OF THEIR MOTION FOR SUMMARY
JUDGMENT PURSUANT TO LOCAL RULE 56.1**

LIST OF EXHIBITS

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| 2 | Deposition Transcript of Anthony Zarlengo |
| 3 | Deposition Transcript of Anthony Brutti |
| 4 | Deposition Transcript of Michael Richert |
| 5 | Midwest Dock Solutions Inc. Articles of Incorporation, May 16, 2006, (Exhibit 79) |
| 6 | Midwest Dock Solutions Inc. Facebook Page, (Exhibit 53) |
| 7 | Deposition Transcript of Zachary Corrigan |
| 8 | Deposition Transcript of Donald Cruikshank |
| 9 | Defendant Midwest Dock Solutions, Inc.'s Answer, [ECF#18], (Exhibit 120) |
| 10 | One Jobsite Agreement Between Midwest Dock Solutions, Inc. and Chicago Regional Council of Carpenters n/k/a Mid-America Carpenters Regional Council, Nov. 11, 2011 and GoogleMaps Screenshot of Winpak Portion Packaging Facility, Sauk Village, IL, (Exhibit 81) |
| 11 | Midwest Dock Solutions, Inc.'s Fringe Benefit Contribution Reports (Exhibit 85) |
| 12 | Deposition Transcript of David Green |
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| 23 | Deposition Transcript of Ira Sugar |
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| 40 | Subcontract Agreement Midwest Dock Solutions Inc. and Clayco Inc., (Exhibit 99) |
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| 77 | Intentionally Omitted |
| 78 | Intentionally Omitted |
| 79 | Intentionally Omitted |
| 80 | Intentionally Omitted |
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| 113 | Deposition Transcript of Veronica O'Connor |
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1:24-cv-06428

Plaintiffs' Local Rule
56.1 Statement

EXHIBIT 81



| Employee Reference Copy | |
|---|---------------------------------|
| W-2 Wage and Tax Statement 2017 | |
| OMB No. 1545-0008 | |
| Copy C for employee's records. | |
| d Control number | 000003 R9/ITZ |
| Dept. | |
| Corp. | |
| Employer use only | A 7 |
| c Employer's name, address, and ZIP code | |
| DOCK & DOOR INSTALL INC 3211 HOLEMAN AVE SO CHICAGO HTS, IL 60411 | |
| Batch #98954 | |
| e/f Employee's name, address, and ZIP code | |
| DAVID GREEN 14240 MORSE ST CEDAR LAKE, IN 46303 | |
| b Employer's FED ID number | a Employee's SSA number |
| 1 Wages, tips, other comp. | 2 Federal income tax withheld |
| 73062.20 | 13537.58 |
| 3 Social security wages | 4 Social security tax withheld |
| 73062.20 | 4529.86 |
| 5 Medicare wages and tips | 6 Medicare tax withheld |
| 73062.20 | 1059.40 |
| 7 Social security tips | 8 Allocated tips |
| 9 Verification Code | 10 Dependent care benefits |
| 11 Nonqualified plans | 12a See instructions for box 12 |
| 14 Other | 12b |
| | 12c |
| | 12d |
| 13 Stat emp | Ret. plan 3rd party sick pay |
| 15 State Employer's state ID no. | 16 State wages, tips, etc. |
| IL 000 | 73062.20 |
| 17 State income tax | 18 Local wages, tips, etc. |
| 3186.48 | |
| 19 Local income tax | 20 Locality name |

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2017 pay stub plus any adjustments submitted by your employer.

| | | | | | |
|--------------------------|----------|------------------------------|---------|---------------------|---------|
| Gross Pay | 73062.20 | Social Security Tax Withheld | 4529.86 | IL State Income Tax | 3186.48 |
| | | Box 4 of W-2 | | Box 17 of W-2 | |
| | | | | SUI/SDI | |
| | | | | Box 14 of W-2 | |
| Fed. Income Tax Withheld | 13537.58 | Medicare Tax Withheld | 1059.40 | | |
| Box 2 of W-2 | | Box 6 of W-2 | | | |

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

| | | | | |
|--------------------|---------------------------------|-----------------------|----------------|----------------------------|
| | Wages, Tips, other Compensation | Social Security Wages | Medicare Wages | IL State Wages, Tips, Etc. |
| | Box 1 of W-2 | Box 3 of W-2 | Box 5 of W-2 | Box 16 of W-2 |
| Gross Pay | 73,062.20 | 73,062.20 | 73,062.20 | 73,062.20 |
| Reported W-2 Wages | 73,062.20 | 73,062.20 | 73,062.20 | 73,062.20 |

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.

DAVID GREEN
14240 MORSE ST
CEDAR LAKE, IN 46303

Social Security Number: [REDACTED]
Taxable Marital Status: SINGLE

Exemptions/Allowances:

FEDERAL: 0
STATE: 0

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| | |
|---|---------------------------------|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld |
| 73062.20 | 13537.58 |
| 3 Social security wages | 4 Social security tax withheld |
| 73062.20 | 4529.86 |
| 5 Medicare wages and tips | 6 Medicare tax withheld |
| 73062.20 | 1059.40 |
| d Control number | 000003 R9/ITZ |
| Dept. | |
| Corp. | |
| Employer use only | A 7 |
| c Employer's name, address, and ZIP code | |
| DOCK & DOOR INSTALL INC 3211 HOLEMAN AVE SO CHICAGO HTS, IL 60411 | |
| b Employer's FED ID number | a Employee's SSA number |
| 7 Social security tips | 8 Allocated tips |
| 9 Verification Code | 10 Dependent care benefits |
| 11 Nonqualified plans | 12a See instructions for box 12 |
| 14 Other | 12b |
| | 12c |
| | 12d |
| 13 Stat emp | Ret. plan 3rd party sick pay |
| e/f Employee's name, address and ZIP code | |
| DAVID GREEN 14240 MORSE ST CEDAR LAKE, IN 46303 | |
| 15 State Employer's state ID no. | 16 State wages, tips, etc. |
| IL 000 | 73062.20 |
| 17 State income tax | 18 Local wages, tips, etc. |
| 3186.48 | |
| 19 Local income tax | 20 Locality name |

| | |
|---|--------------------------------|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld |
| 73062.20 | 13537.58 |
| 3 Social security wages | 4 Social security tax withheld |
| 73062.20 | 4529.86 |
| 5 Medicare wages and tips | 6 Medicare tax withheld |
| 73062.20 | 1059.40 |
| d Control number | 000003 R9/ITZ |
| Dept. | |
| Corp. | |
| Employer use only | A 7 |
| c Employer's name, address, and ZIP code | |
| DOCK & DOOR INSTALL INC 3211 HOLEMAN AVE SO CHICAGO HTS, IL 60411 | |
| b Employer's FED ID number | a Employee's SSA number |
| 7 Social security tips | 8 Allocated tips |
| 9 Verification Code | 10 Dependent care benefits |
| 11 Nonqualified plans | 12a |
| 14 Other | 12b |
| | 12c |
| | 12d |
| 13 Stat emp | Ret. plan 3rd party sick pay |
| e/f Employee's name, address and ZIP code | |
| DAVID GREEN 14240 MORSE ST CEDAR LAKE, IN 46303 | |
| 15 State Employer's state ID no. | 16 State wages, tips, etc. |
| IL 000 | 73062.20 |
| 17 State income tax | 18 Local wages, tips, etc. |
| 3186.48 | |
| 19 Local income tax | 20 Locality name |

| | |
|---|--------------------------------|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld |
| 73062.20 | 13537.58 |
| 3 Social security wages | 4 Social security tax withheld |
| 73062.20 | 4529.86 |
| 5 Medicare wages and tips | 6 Medicare tax withheld |
| 73062.20 | 1059.40 |
| d Control number | 000003 R9/ITZ |
| Dept. | |
| Corp. | |
| Employer use only | A 7 |
| c Employer's name, address, and ZIP code | |
| DOCK & DOOR INSTALL INC 3211 HOLEMAN AVE SO CHICAGO HTS, IL 60411 | |
| b Employer's FED ID number | a Employee's SSA number |
| 7 Social security tips | 8 Allocated tips |
| 9 Verification Code | 10 Dependent care benefits |
| 11 Nonqualified plans | |
| 14 Other | |
| e/f Employee's name, address and ZIP code | |
| DAVID GREEN 14240 MORSE ST CEDAR LAKE, IN 46303 | |
| 15 State Employer's state ID no. | 16 State wages, tips, etc. |
| IL 000 | 73062.20 |
| 17 State income tax | 18 Local wages, tips, etc. |
| 3186.48 | |
| 19 Local income tax | 20 Locality name |

PLAINTIFF'S
EXHIBIT

261 LAL

| Federal Filing Copy | |
|---|--|
| W-2 Wage and Tax Statement 2017 | |
| OMB No. 1545-0008 | |
| Copy B to be filed with employee's Federal Income Tax Return. | |

| IL State Reference Copy | |
|---|--|
| W-2 Wage and Tax Statement 2017 | |
| OMB No. 1545-0008 | |
| Copy 2 to be filed with employee's State Income Tax Return. | |

| IL State Filing Copy | |
|---|--|
| W-2 Wage and Tax Statement 2017 | |
| OMB No. 1545-0008 | |
| Copy 2 to be filed with employee's State Income Tax Return. | |

| | | | | | | | |
|---|---------------------------------|----------------------------|-------------------|-------------------------------|--|-------------|--|
| Employee Reference Copy | | W-2 | | Wage and Tax Statement | | 2017 | |
| Copy C for employee's records. OMB No. 1545-0008 | | | | | | | |
| d Control number | Dept. | Corp. | Employer use only | | | | |
| 000007 | R9/ITZ | | A | 12 | | | |
| c Employer's name, address, and ZIP code | | | | | | | |
| DOCK & DOOR INSTALL INC 3211 HOLEMAN AVE SO CHICAGO HTS, IL 60411 | | | | | | | |
| Batch #98954 | | | | | | | |
| e/f Employee's name, address, and ZIP code | | | | | | | |
| ANTHONY R TATTINI 9999 FOREST STREET DYER, IN 46311 | | | | | | | |
| b Employer's FED ID number | a Employee's SSA number | | | | | | |
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | | | | | |
| 78814.95 | 4247.89 | | | | | | |
| 3 Social security wages | 4 Social security tax withheld | | | | | | |
| 78814.95 | 4886.53 | | | | | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | | | | | |
| 78814.95 | 1142.82 | | | | | | |
| 7 Social security tips | 8 Allocated tips | | | | | | |
| 9 Verification Code | 10 Dependent care benefits | | | | | | |
| 11 Nonqualified plans | 12a See instructions for box 12 | | | | | | |
| 14 Other | 12b | | | | | | |
| | 12c | | | | | | |
| | 12d | | | | | | |
| 13 Stat emp | Ret. plan | 3rd party sick pay | | | | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | | | | | |
| IL | 000 | 78814.95 | | | | | |
| 17 State income tax | 18 Local wages, tips, etc. | | | | | | |
| 2508.72 | | | | | | | |
| 19 Local income tax | 20 Locality name | | | | | | |

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2017 pay stub plus any adjustments submitted by your employer.

| | | | | | |
|--------------------------|----------|------------------------------|---------|---------------------|---------|
| Gross Pay | 78814.95 | Social Security Tax Withheld | 4886.53 | IL State Income Tax | 2508.72 |
| | | Box 4 of W-2 | | Box 17 of W-2 | |
| Fed. Income Tax Withheld | 4247.89 | Medicare Tax Withheld | 1142.82 | SUI/SDI | |
| Box 2 of W-2 | | Box 6 of W-2 | | Box 14 of W-2 | |

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

| | Wages, Tips, other Compensation Box 1 of W-2 | Social Security Wages Box 3 of W-2 | Medicare Wages Box 5 of W-2 | IL State Wages, Tips, Etc. Box 16 of W-2 |
|--------------------|---|---------------------------------------|--------------------------------|---|
| Gross Pay | 78,814.95 | 78,814.95 | 78,814.95 | 78,814.95 |
| Reported W-2 Wages | 78,814.95 | 78,814.95 | 78,814.95 | 78,814.95 |

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.

ANTHONY R TATTINI
9999 FOREST STREET
DYER, IN 46311

Social Security Number: [REDACTED]
Taxable Marital Status: **MARRIED**
Exemptions/Allowances:
FEDERAL: 10
STATE: 10

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| | | | |
|---|---------------------------------|----------------------------|-------------------|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | |
| 78814.95 | 4247.89 | | |
| 3 Social security wages | 4 Social security tax withheld | | |
| 78814.95 | 4886.53 | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| 78814.95 | 1142.82 | | |
| d Control number | Dept. | Corp. | Employer use only |
| 000007 | R9/ITZ | | A 12 |
| c Employer's name, address, and ZIP code | | | |
| DOCK & DOOR INSTALL INC 3211 HOLEMAN AVE SO CHICAGO HTS, IL 60411 | | | |
| b Employer's FED ID number | a Employee's SSA number | | |
| 7 Social security tips | 8 Allocated tips | | |
| 9 Verification Code | 10 Dependent care benefits | | |
| 11 Nonqualified plans | 12a See instructions for box 12 | | |
| 14 Other | 12b | | |
| | 12c | | |
| | 12d | | |
| 13 Stat emp | Ret. plan | 3rd party sick pay | |
| e/f Employee's name, address and ZIP code | | | |
| ANTHONY R TATTINI 9999 FOREST STREET DYER, IN 46311 | | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | |
| IL | 000 | 78814.95 | |
| 17 State income tax | 18 Local wages, tips, etc. | | |
| 2508.72 | | | |
| 19 Local income tax | 20 Locality name | | |

Federal Filing Copy
W-2 Wage and Tax Statement
Copy B to be filed with employee's Federal Income Tax Return.

| | | | |
|---|---------------------------------|----------------------------|-------------------|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | |
| 78814.95 | 4247.89 | | |
| 3 Social security wages | 4 Social security tax withheld | | |
| 78814.95 | 4886.53 | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| 78814.95 | 1142.82 | | |
| d Control number | Dept. | Corp. | Employer use only |
| 000007 | R9/ITZ | | A 12 |
| c Employer's name, address, and ZIP code | | | |
| DOCK & DOOR INSTALL INC 3211 HOLEMAN AVE SO CHICAGO HTS, IL 60411 | | | |
| b Employer's FED ID number | a Employee's SSA number | | |
| 7 Social security tips | 8 Allocated tips | | |
| 9 Verification Code | 10 Dependent care benefits | | |
| 11 Nonqualified plans | 12a See instructions for box 12 | | |
| 14 Other | 12b | | |
| | 12c | | |
| | 12d | | |
| 13 Stat emp | Ret. plan | 3rd party sick pay | |
| e/f Employee's name, address and ZIP code | | | |
| ANTHONY R TATTINI 9999 FOREST STREET DYER, IN 46311 | | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | |
| IL | 000 | 78814.95 | |
| 17 State income tax | 18 Local wages, tips, etc. | | |
| 2508.72 | | | |
| 19 Local income tax | 20 Locality name | | |

IL State Reference Copy
W-2 Wage and Tax Statement
Copy 2 to be filed with employee's State Income Tax Return.

| | | | |
|---|---------------------------------|----------------------------|-------------------|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | |
| 78814.95 | 4247.89 | | |
| 3 Social security wages | 4 Social security tax withheld | | |
| 78814.95 | 4886.53 | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| 78814.95 | 1142.82 | | |
| d Control number | Dept. | Corp. | Employer use only |
| 000007 | R9/ITZ | | A 12 |
| c Employer's name, address, and ZIP code | | | |
| DOCK & DOOR INSTALL INC 3211 HOLEMAN AVE SO CHICAGO HTS, IL 60411 | | | |
| b Employer's FED ID number | a Employee's SSA number | | |
| 7 Social security tips | 8 Allocated tips | | |
| 9 Verification Code | 10 Dependent care benefits | | |
| 11 Nonqualified plans | 12a See instructions for box 12 | | |
| 14 Other | 12b | | |
| | 12c | | |
| | 12d | | |
| 13 Stat emp | Ret. plan | 3rd party sick pay | |
| e/f Employee's name, address and ZIP code | | | |
| ANTHONY R TATTINI 9999 FOREST STREET DYER, IN 46311 | | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | |
| IL | 000 | 78814.95 | |
| 17 State income tax | 18 Local wages, tips, etc. | | |
| 2508.72 | | | |
| 19 Local income tax | 20 Locality name | | |

IL State Filing Copy
W-2 Wage and Tax Statement
Copy 2 to be filed with employee's State Income Tax Return.

1:24-cv-06428

Plaintiffs' Local Rule
56.1 Statement

EXHIBIT 82

| | | | | | | | |
|---|---------------------------------|----------------------------|-------------------|-------------------------------|--|-------------|--|
| Employee Reference Copy | | W-2 | | Wage and Tax Statement | | 2017 | |
| Copy C for employee's records. OMB No. 1545-0008 | | | | | | | |
| d Control number | Dept. | Corp. | Employer use only | | | | |
| 000001 | R9/ITZ | | A 2 | | | | |
| c Employer's name, address, and ZIP code | | | | | | | |
| DOCK & DOOR INSTALL INC 3211 HOLEMAN AVE SO CHICAGO HTS, IL 60411 | | | | | | | |
| Batch | | | | | | | |
| e/f Employee's name, address, and ZIP code | | | | | | | |
| ANTHONY BRUTTI 7975 CATALPA ST DYER, IN 46311 | | | | | | | |
| b Employer's FED ID number | a Employee's SSA number | | | | | | |
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | | | | | |
| 51950.00 | 7138.54 | | | | | | |
| 3 Social security wages | 4 Social security tax withheld | | | | | | |
| 51950.00 | 3220.90 | | | | | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | | | | | |
| 51950.00 | 753.28 | | | | | | |
| 7 Social security tips | 8 Allocated tips | | | | | | |
| 9 Verification Code | 10 Dependent care benefits | | | | | | |
| 11 Nonqualified plans | 12a See instructions for box 12 | | | | | | |
| 14 Other | 12b | | | | | | |
| | 12c | | | | | | |
| | 12d | | | | | | |
| 13 Stat emp | Ret. plan | 3rd party sick pay | | | | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | | | | | |
| IL | 000 | 51950.00 | | | | | |
| 17 State income tax | 18 Local wages, tips, etc. | | | | | | |
| 2143.07 | | | | | | | |
| 19 Local income tax | 20 Locality name | | | | | | |

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2017 pay stub plus any adjustments submitted by your employer.

| | | | | | |
|--------------------------|----------|------------------------------|---------|---------------------|---------|
| Gross Pay | 51950.00 | Social Security Tax Withheld | 3220.90 | IL State Income Tax | 2143.07 |
| | | Box 4 of W-2 | | Box 17 of W-2 | |
| Fed. Income Tax Withheld | 7138.54 | Medicare Tax Withheld | 753.28 | SUI/SDI | |
| Box 2 of W-2 | | Box 6 of W-2 | | Box 14 of W-2 | |

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

| | Wages, Tips, other Compensation Box 1 of W-2 | Social Security Wages Box 3 of W-2 | Medicare Wages Box 5 of W-2 | IL State Wages, Tips, Etc. Box 16 of W-2 |
|--------------------|---|---------------------------------------|--------------------------------|---|
| Gross Pay | 51,950.00 | 51,950.00 | 51,950.00 | 51,950.00 |
| Reported W-2 Wages | 51,950.00 | 51,950.00 | 51,950.00 | 51,950.00 |

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.

ANTHONY BRUTTI
7975 CATALPA ST
DYER, IN 46311

Social Security Number:
Taxable Marital Status: SINGLE

Exemptions/Allowances:

FEDERAL: 1
STATE: 1

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| | |
|---|---------------------------------|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld |
| 51950.00 | 7138.54 |
| 3 Social security wages | 4 Social security tax withheld |
| 51950.00 | 3220.90 |
| 5 Medicare wages and tips | 6 Medicare tax withheld |
| 51950.00 | 753.28 |
| d Control number | Dept. |
| 000001 | R9/ITZ |
| c Employer's name, address, and ZIP code | |
| DOCK & DOOR INSTALL INC 3211 HOLEMAN AVE SO CHICAGO HTS, IL 60411 | |
| b Employer's FED ID number | a Employee's SSA number |
| | 318-84-6671 |
| 7 Social security tips | 8 Allocated tips |
| 9 Verification Code | 10 Dependent care benefits |
| 11 Nonqualified plans | 12a See instructions for box 12 |
| 14 Other | 12b |
| | 12c |
| | 12d |
| 13 Stat emp | Ret. plan |
| | 3rd party sick pay |
| e/f Employee's name, address and ZIP code | |
| ANTHONY BRUTTI 7975 CATALPA ST DYER, IN 46311 | |
| 15 State | Employer's state ID no. |
| IL | 000 |
| 16 State wages, tips, etc. | |
| 51950.00 | |
| 17 State income tax | 18 Local wages, tips, etc. |
| 2143.07 | |
| 19 Local income tax | 20 Locality name |

Federal Filing Copy
W-2 Wage and Tax Statement
Copy B to be filed with employee's Federal Income Tax Return.

| | |
|---|--------------------------------|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld |
| 51950.00 | 7138.54 |
| 3 Social security wages | 4 Social security tax withheld |
| 51950.00 | 3220.90 |
| 5 Medicare wages and tips | 6 Medicare tax withheld |
| 51950.00 | 753.28 |
| d Control number | Dept. |
| 000001 | R9/ITZ |
| c Employer's name, address, and ZIP code | |
| DOCK & DOOR INSTALL INC 3211 HOLEMAN AVE SO CHICAGO HTS, IL 60411 | |
| b Employer's FED ID number | a Employee's SSA number |
| | 318-84-6671 |
| 7 Social security tips | 8 Allocated tips |
| 9 Verification Code | 10 Dependent care benefits |
| 11 Nonqualified plans | 12a |
| 14 Other | 12b |
| | 12c |
| | 12d |
| 13 Stat emp | Ret. plan |
| | 3rd party sick pay |
| e/f Employee's name, address and ZIP code | |
| ANTHONY BRUTTI 7975 CATALPA ST DYER, IN 46311 | |
| 15 State | Employer's state ID no. |
| IL | 000 |
| 16 State wages, tips, etc. | |
| 51950.00 | |
| 17 State income tax | 18 Local wages, tips, etc. |
| 2143.07 | |
| 19 Local income tax | 20 Locality name |

IL State Reference Copy
W-2 Wage and Tax Statement
Copy 2 to be filed with employee's State Income Tax Return.

| | |
|---|--------------------------------|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld |
| 51950.00 | 7138.54 |
| 3 Social security wages | 4 Social security tax withheld |
| 51950.00 | 3220.90 |
| 5 Medicare wages and tips | 6 Medicare tax withheld |
| 51950.00 | 753.28 |
| d Control number | Dept. |
| 000001 | R9/ITZ |
| c Employer's name, address, and ZIP code | |
| DOCK & DOOR INSTALL INC 3211 HOLEMAN AVE SO CHICAGO HTS, IL 60411 | |
| b Employer's FED ID number | a Employee's SSA number |
| | |
| 7 Social security tips | 8 Allocated tips |
| 9 Verification Code | 10 Dependent care benefits |
| 11 Nonqualified plans | |
| 14 Other | |
| e/f Employee's name, address and ZIP code | |
| ANTHONY BRUTTI 7975 CATALPA ST DYER, IN 46311 | |
| 15 State | Employer's state ID no. |
| IL | 000 |
| 16 State wages, tips, etc. | |
| 51950.00 | |
| 17 State income tax | 18 Local wages, tips, etc. |
| 2143.07 | |
| 19 Local income tax | 20 Locality name |

IL State Filing Copy
W-2 Wage and Tax Statement
Copy 2 to be filed with employee's State Income Tax Return.

PLAINTIFF'S
EXHIBIT

173

1:24-cv-06428

Plaintiffs' Local Rule
56.1 Statement

EXHIBIT 83

| | | | | | |
|---|---------------------------------|----------------------------|-------------------|-------------|--|
| Employee Reference Copy | | W-2 | | 2018 | |
| Copy C for employee's records. | | | | | |
| d Control number | Dept. | Corp. | Employer use only | 3 | |
| 000001 | R9/ITZ | | A | | |
| c Employer's name, address, and ZIP code | | | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGE, IL 60475 | | | | | |
| Batch #98270 | | | | | |
| e/f Employee's name, address, and ZIP code | | | | | |
| ANTHONY BRUTTI 7975 CATALPA ST DYER, IN 46311 | | | | | |
| b Employer's FED ID number | a Employee's SSA number | | | | |
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | | | |
| 58352.92 | 6323.91 | | | | |
| 3 Social security wages | 4 Social security tax withheld | | | | |
| 54649.00 | 3388.24 | | | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | | | |
| 54649.00 | 792.41 | | | | |
| 7 Social security tips | 8 Allocated tips | | | | |
| 9 Verification Code | 10 Dependent care benefits | | | | |
| 11 Nonqualified plans | 12a See instructions for box 12 | | | | |
| 14 Other | 12b | | | | |
| 3703.92 S-CORP | 12c | | | | |
| | 12d | | | | |
| 13 Stat emp. | Ret. plan | 3rd party sick pay | | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | | | |
| IL | 000 | 58352.92 | | | |
| 17 State income tax | 18 Local wages, tips, etc. | | | | |
| 2602.78 | | | | | |
| 19 Local income tax | 20 Locality name | | | | |

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2018 pay stub plus any adjustments submitted by your employer.

| | | | | | |
|--------------------------|----------|------------------------------|---------|---------------------|---------------|
| Gross Pay | 54649.00 | Social Security Tax Withheld | 3388.24 | IL State Income Tax | 2602.78 |
| | | Box 4 of W-2 | | Box 17 of W-2 | |
| Fed. Income Tax Withheld | 6323.91 | Medicare Tax Withheld | 792.41 | SUI/SDI/FLI | Box 14 of W-2 |
| Box 2 of W-2 | | Box 6 of W-2 | | | |

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

| | Wages, Tips, other Compensation Box 1 of W-2 | Social Security Wages Box 3 of W-2 | Medicare Wages Box 5 of W-2 | IL State Wages, Tips, Etc. Box 16 of W-2 |
|--------------------------------|---|---------------------------------------|--------------------------------|---|
| Gross Pay | 54,649.00 | 54,649.00 | 54,649.00 | 54,649.00 |
| Plus S-Corp 2% Medical Premium | 3,703.92 | N/A | N/A | 3,703.92 |
| Reported W-2 Wages | 58,352.92 | 54,649.00 | 54,649.00 | 58,352.92 |

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.

ANTHONY BRUTTI
7975 CATALPA ST
DYER, IN 46311

Social Security Number: [REDACTED]
Taxable Marital Status: SINGLE

Exemptions/Allowances:

FEDERAL: 1
STATE: 1

PLAINTIFF'S
EXHIBIT

176

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| | |
|---|---------------------------------|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld |
| 58352.92 | 6323.91 |
| 3 Social security wages | 4 Social security tax withheld |
| 54649.00 | 3388.24 |
| 5 Medicare wages and tips | 6 Medicare tax withheld |
| 54649.00 | 792.41 |
| d Control number | Dept. |
| 000001 | R9/ITZ |
| c Employer's name, address, and ZIP code | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGE, IL 60475 | |
| b Employer's FED ID number | a Employee's SSA number |
| 7 Social security tips | 8 Allocated tips |
| 9 Verification Code | 10 Dependent care benefits |
| 11 Nonqualified plans | 12a See instructions for box 12 |
| 14 Other | 12b |
| 3703.92 S-CORP | 12c |
| | 12d |
| 13 Stat emp. | Ret. plan |
| 15 State | Employer's state ID no. |
| IL | 000 |
| 17 State income tax | 18 Local wages, tips, etc. |
| 2602.78 | 58352.92 |
| 19 Local income tax | 20 Locality name |
| e/f Employee's name, address and ZIP code | |
| ANTHONY BRUTTI 7975 CATALPA ST DYER, IN 46311 | |
| 15 State | Employer's state ID no. |
| IL | 000 |
| 17 State income tax | 18 Local wages, tips, etc. |
| 2602.78 | 58352.92 |
| 19 Local income tax | 20 Locality name |
| Federal Filing Copy | |
| W-2 | |
| Copy B to be filed with employee's Federal Income Tax Return. | |

| | |
|---|---------------------------------|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld |
| 58352.92 | 6323.91 |
| 3 Social security wages | 4 Social security tax withheld |
| 54649.00 | 3388.24 |
| 5 Medicare wages and tips | 6 Medicare tax withheld |
| 54649.00 | 792.41 |
| d Control number | Dept. |
| 000001 | R9/ITZ |
| c Employer's name, address, and ZIP code | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGE, IL 60475 | |
| b Employer's FED ID number | a Employee's SSA number |
| 7 Social security tips | 8 Allocated tips |
| 9 Verification Code | 10 Dependent care benefits |
| 11 Nonqualified plans | 12a See instructions for box 12 |
| 14 Other | 12b |
| 3703.92 S-CORP | 12c |
| | 12d |
| 13 Stat emp. | Ret. plan |
| 15 State | Employer's state ID no. |
| IL | 000 |
| 17 State income tax | 18 Local wages, tips, etc. |
| 2602.78 | 58352.92 |
| 19 Local income tax | 20 Locality name |
| e/f Employee's name, address and ZIP code | |
| ANTHONY BRUTTI 7975 CATALPA ST DYER, IN 46311 | |
| 15 State | Employer's state ID no. |
| IL | 000 |
| 17 State income tax | 18 Local wages, tips, etc. |
| 2602.78 | 58352.92 |
| 19 Local income tax | 20 Locality name |
| IL State Reference Copy | |
| W-2 | |
| Copy 2 to be filed with employee's State Income Tax Return. | |

| | |
|---|---------------------------------|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld |
| 58352.92 | 6323.91 |
| 3 Social security wages | 4 Social security tax withheld |
| 54649.00 | 3388.24 |
| 5 Medicare wages and tips | 6 Medicare tax withheld |
| 54649.00 | 792.41 |
| d Control number | Dept. |
| 000001 | R9/ITZ |
| c Employer's name, address, and ZIP code | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGE, IL 60475 | |
| b Employer's FED ID number | a Employee's SSA number |
| 7 Social security tips | 8 Allocated tips |
| 9 Verification Code | 10 Dependent care benefits |
| 11 Nonqualified plans | 12a See instructions for box 12 |
| 14 Other | 12b |
| 3703.92 S-CORP | 12c |
| | 12d |
| 13 Stat emp. | Ret. plan |
| 15 State | Employer's state ID no. |
| IL | 000 |
| 17 State income tax | 18 Local wages, tips, etc. |
| 2602.78 | 58352.92 |
| 19 Local income tax | 20 Locality name |
| e/f Employee's name, address and ZIP code | |
| ANTHONY BRUTTI 7975 CATALPA ST DYER, IN 46311 | |
| 15 State | Employer's state ID no. |
| IL | 000 |
| 17 State income tax | 18 Local wages, tips, etc. |
| 2602.78 | 58352.92 |
| 19 Local income tax | 20 Locality name |
| IL State Filing Copy | |
| W-2 | |
| Copy 2 to be filed with employee's State Income Tax Return. | |

1:24-cv-06428

Plaintiffs' Local Rule
56.1 Statement

EXHIBIT 84



| | | | | | |
|---|---------------------------------|-------------------------|-------------------|------|--|
| W-2 | | Employee Reference Copy | | 2018 | |
| Wage and Tax Statement | | OMB No 1545-0008 | | | |
| Copy C for employee's records. | | | | | |
| d Control number | Dept. | Corp. | Employer use only | | |
| 000018 R9/ITZ | | | A 4 | | |
| c Employer's name, address, and ZIP code | | | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGE, IL 60475 | | | | | |
| Batch #98270 | | | | | |
| e/f Employee's name, address, and ZIP code | | | | | |
| DON CRUIKSHANK 506 BELDEN DR DYER, IN 46311 | | | | | |
| b Employer's FED ID number | a Employee's SSA number | | | | |
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | | | |
| 66087.48 | 9066.10 | | | | |
| 3 Social security wages | 4 Social security tax withheld | | | | |
| 66087.48 | 4097.42 | | | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | | | |
| 66087.48 | 958.27 | | | | |
| 7 Social security tips | 8 Allocated tips | | | | |
| 9 Verification Code | 10 Dependent care benefits | | | | |
| 11 Nonqualified plans | 12a See instructions for box 12 | | | | |
| 14 Other | 12b 12c 12d | | | | |
| 13 Stat emp Ret. plan 3rd party sick pay | | | | | |
| 15 State Employer's state ID no. | 16 State wages, tips, etc. | | | | |
| IL 000 | 66087.48 | | | | |
| 17 State income tax | 18 Local wages, tips, etc. | | | | |
| 3271.32 | | | | | |
| 19 Local income tax | 20 Locality name | | | | |

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2018 pay stub plus any adjustments submitted by your employer.

| | | | | | |
|--------------------------|----------|------------------------------|---------|---------------------|---------|
| Gross Pay | 66087.48 | Social Security Tax Withheld | 4097.42 | IL State Income Tax | 3271.32 |
| | | Box 4 of W-2 | | Box 17 of W-2 | |
| | | | | SUI/SDI/FLI | |
| | | | | Box 14 of W-2 | |
| Fed. Income Tax Withheld | 9066.10 | Medicare Tax Withheld | 958.27 | | |
| Box 2 of W-2 | | Box 6 of W-2 | | | |

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

| | | | | |
|--------------------|---------------------------------|-----------------------|----------------|----------------------------|
| | Wages, Tips, other Compensation | Social Security Wages | Medicare Wages | IL State Wages, Tips, Etc. |
| | Box 1 of W-2 | Box 3 of W-2 | Box 5 of W-2 | Box 16 of W-2 |
| Gross Pay | 66,087.48 | 66,087.48 | 66,087.48 | 66,087.48 |
| Reported W-2 Wages | 66,087.48 | 66,087.48 | 66,087.48 | 66,087.48 |

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.

DON CRUIKSHANK
506 BELDEN DR
DYER, IN 46311

Social Security Number: [REDACTED]
Taxable Marital Status: SINGLE

Exemptions/Allowances:

FEDERAL: 1
STATE: 0

© 2018 ADP, LLC

| | | | |
|---|---------------------------------|-------|-------------------|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | |
| 66087.48 | 9066.10 | | |
| 3 Social security wages | 4 Social security tax withheld | | |
| 66087.48 | 4097.42 | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| 66087.48 | 958.27 | | |
| d Control number | Dept. | Corp. | Employer use only |
| 000018 R9/ITZ | | | A 4 |
| c Employer's name, address, and ZIP code | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGE, IL 60475 | | | |
| b Employer's FED ID number | a Employee's SSA number | | |
| 7 Social security tips | 8 Allocated tips | | |
| 9 Verification Code | 10 Dependent care benefits | | |
| 11 Nonqualified plans | 12a See instructions for box 12 | | |
| 14 Other | 12b 12c 12d | | |
| 13 Stat emp Ret. plan 3rd party sick pay | | | |
| e/f Employee's name, address and ZIP code | | | |
| DON CRUIKSHANK 506 BELDEN DR DYER, IN 46311 | | | |
| 15 State Employer's state ID no. | 16 State wages, tips, etc. | | |
| IL 000 | 66087.48 | | |
| 17 State income tax | 18 Local wages, tips, etc. | | |
| 3271.32 | | | |
| 19 Local income tax | 20 Locality name | | |

Federal Filing Copy
W-2 Wage and Tax Statement 2018
Copy B to be filed with employee's Federal Income Tax Return.

| | | | |
|---|--------------------------------|-------|-------------------|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | |
| 66087.48 | 9066.10 | | |
| 3 Social security wages | 4 Social security tax withheld | | |
| 66087.48 | 4097.42 | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| 66087.48 | 958.27 | | |
| d Control number | Dept. | Corp. | Employer use only |
| 000018 R9/ITZ | | | A 4 |
| c Employer's name, address, and ZIP code | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGE, IL 60475 | | | |
| b Employer's FED ID number | a Employee's SSA number | | |
| 7 Social security tips | 8 Allocated tips | | |
| 9 Verification Code | 10 Dependent care benefits | | |
| 11 Nonqualified plans | 12a | | |
| 14 Other | 12b 12c 12d | | |
| 13 Stat emp Ret. plan 3rd party sick pay | | | |
| e/f Employee's name, address and ZIP code | | | |
| DON CRUIKSHANK 506 BELDEN DR DYER, IN 46311 | | | |
| 15 State Employer's state ID no. | 16 State wages, tips, etc. | | |
| IL 000 | 66087.48 | | |
| 17 State income tax | 18 Local wages, tips, etc. | | |
| 3271.32 | | | |
| 19 Local income tax | 20 Locality name | | |

IL State Reference Copy
W-2 Wage and Tax Statement 2018
Copy 2 to be filed with employee's State Income Tax Return.

| | | | |
|---|--------------------------------|-------|-------------------|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | |
| 66087.48 | 9066.10 | | |
| 3 Social security wages | 4 Social security tax withheld | | |
| 66087.48 | 4097.42 | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| 66087.48 | 958.27 | | |
| d Control number | Dept. | Corp. | Employer use only |
| 000018 R9/ITZ | | | A 4 |
| c Employer's name, address, and ZIP code | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGE, IL 60475 | | | |
| b Employer's FED ID number | a Employee's SSA number | | |
| 7 Social security tips | 8 Allocated tips | | |
| 9 Verification Code | 10 Dependent care benefits | | |
| 11 Nonqualified plans | 12a | | |
| 14 Other | 12b 12c 12d | | |
| 13 Stat emp Ret. plan 3rd party sick pay | | | |
| e/f Employee's name, address and ZIP code | | | |
| DON CRUIKSHANK 506 BELDEN DR DYER, IN 46311 | | | |
| 15 State Employer's state ID no. | 16 State wages, tips, etc. | | |
| IL 000 | 66087.48 | | |
| 17 State income tax | 18 Local wages, tips, etc. | | |
| 3271.32 | | | |
| 19 Local income tax | 20 Locality name | | |

IL State Filing Copy
W-2 Wage and Tax Statement 2018
Copy 2 to be filed with employee's State Income Tax Return.



| | | | | | | | |
|--|---------------------------------|----------------------------|-------------------|-------------------------------|--|-------------|--|
| Employee Reference Copy | | W-2 | | Wage and Tax Statement | | 2018 | |
| Copy C for employee's records. OMB No. 1545-0008 | | | | | | | |
| d Control number | Dept. | Corp. | Employer use only | | | | |
| 000003 | R9/ITZ | | A | 6 | | | |
| c Employer's name, address, and ZIP code | | | | | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGER, IL 60475 | | | | | | | |
| Batch #98270 | | | | | | | |
| e/f Employee's name, address, and ZIP code | | | | | | | |
| DAVID GREEN 14240 MORSE ST CEDAR LAKE, IN 46303 | | | | | | | |
| b Employer's FED ID number | a Employee's SSA number | | | | | | |
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | | | | | |
| 65798.72 | 9902.72 | | | | | | |
| 3 Social security wages | 4 Social security tax withheld | | | | | | |
| 65798.72 | 4079.52 | | | | | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | | | | | |
| 65798.72 | 954.08 | | | | | | |
| 7 Social security tips | 8 Allocated tips | | | | | | |
| 9 Verification Code | 10 Dependent care benefits | | | | | | |
| 11 Nonqualified plans | 12a See instructions for box 12 | | | | | | |
| 14 Other | 12b | | | | | | |
| | 12c | | | | | | |
| | 12d | | | | | | |
| 13 Stat emp. | Ret. plan | 3rd party sick pay | | | | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | | | | | |
| IL | 000 | 65798.72 | | | | | |
| 17 State income tax | 18 Local wages, tips, etc. | | | | | | |
| 3257.04 | | | | | | | |
| 19 Local income tax | 20 Locality name | | | | | | |

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2018 pay stub plus any adjustments submitted by your employer.

| | | | | | |
|--------------------------|----------|------------------------------|---------|---------------------|---------|
| Gross Pay | 65798.72 | Social Security Tax Withheld | 4079.52 | IL State Income Tax | 3257.04 |
| | | Box 4 of W-2 | | Box 17 of W-2 | |
| | | | | SUI/SDI/FLI | |
| | | | | Box 14 of W-2 | |
| Fed. Income Tax Withheld | 9902.72 | Medicare Tax Withheld | 954.08 | | |
| Box 2 of W-2 | | Box 6 of W-2 | | | |

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

| | Wages, Tips, other Compensation Box 1 of W-2 | Social Security Wages Box 3 of W-2 | Medicare Wages Box 5 of W-2 | IL State Wages, Tips, Etc. Box 16 of W-2 |
|--------------------|---|---------------------------------------|--------------------------------|---|
| Gross Pay | 65,798.72 | 65,798.72 | 65,798.72 | 65,798.72 |
| Reported W-2 Wages | 65,798.72 | 65,798.72 | 65,798.72 | 65,798.72 |

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.

DAVID GREEN
14240 MORSE ST
CEDAR LAKE, IN 46303

Social Security Number: [REDACTED]
Taxable Marital Status: SINGLE

Exemptions/Allowances:

FEDERAL: 0
STATE: 0

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| | | | |
|--|---------------------------------|----------------------------|-------------------|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | |
| 65798.72 | 9902.72 | | |
| 3 Social security wages | 4 Social security tax withheld | | |
| 65798.72 | 4079.52 | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| 65798.72 | 954.08 | | |
| d Control number | Dept. | Corp. | Employer use only |
| 000003 | R9/ITZ | | A 6 |
| c Employer's name, address, and ZIP code | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGER, IL 60475 | | | |
| b Employer's FED ID number | a Employee's SSA number | | |
| 7 Social security tips | 8 Allocated tips | | |
| 9 Verification Code | 10 Dependent care benefits | | |
| 11 Nonqualified plans | 12a See instructions for box 12 | | |
| 14 Other | 12b | | |
| | 12c | | |
| | 12d | | |
| 13 Stat emp. | Ret. plan | 3rd party sick pay | |
| e/f Employee's name, address and ZIP code | | | |
| DAVID GREEN 14240 MORSE ST CEDAR LAKE, IN 46303 | | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | |
| IL | 000 | 65798.72 | |
| 17 State income tax | 18 Local wages, tips, etc. | | |
| 3257.04 | | | |
| 19 Local income tax | 20 Locality name | | |

Federal Filing Copy
W-2 Wage and Tax Statement
Copy B to be filed with employee's Federal Income Tax Return.

| | | | |
|--|--------------------------------|----------------------------|-------------------|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | |
| 65798.72 | 9902.72 | | |
| 3 Social security wages | 4 Social security tax withheld | | |
| 65798.72 | 4079.52 | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| 65798.72 | 954.08 | | |
| d Control number | Dept. | Corp. | Employer use only |
| 000003 | R9/ITZ | | A 6 |
| c Employer's name, address, and ZIP code | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGER, IL 60475 | | | |
| b Employer's FED ID number | a Employee's SSA number | | |
| 7 Social security tips | 8 Allocated tips | | |
| 9 Verification Code | 10 Dependent care benefits | | |
| 11 Nonqualified plans | 12a | | |
| 14 Other | 12b | | |
| | 12c | | |
| | 12d | | |
| 13 Stat emp. | Ret. plan | 3rd party sick pay | |
| e/f Employee's name, address and ZIP code | | | |
| DAVID GREEN 14240 MORSE ST CEDAR LAKE, IN 46303 | | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | |
| IL | 000 | 65798.72 | |
| 17 State income tax | 18 Local wages, tips, etc. | | |
| 3257.04 | | | |
| 19 Local income tax | 20 Locality name | | |

IL State Reference Copy
W-2 Wage and Tax Statement
Copy 2 to be filed with employee's State Income Tax Return.

| | | | |
|--|--------------------------------|----------------------------|-------------------|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | |
| 65798.72 | 9902.72 | | |
| 3 Social security wages | 4 Social security tax withheld | | |
| 65798.72 | 4079.52 | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| 65798.72 | 954.08 | | |
| d Control number | Dept. | Corp. | Employer use only |
| 000003 | R9/ITZ | | A 6 |
| c Employer's name, address, and ZIP code | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGER, IL 60475 | | | |
| b Employer's FED ID number | a Employee's SSA number | | |
| 7 Social security tips | 8 Allocated tips | | |
| 9 Verification Code | 10 Dependent care benefits | | |
| 11 Nonqualified plans | 12a | | |
| 14 Other | 12b | | |
| | 12c | | |
| | 12d | | |
| 13 Stat emp. | Ret. plan | 3rd party sick pay | |
| e/f Employee's name, address and ZIP code | | | |
| DAVID GREEN 14240 MORSE ST CEDAR LAKE, IN 46303 | | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | |
| IL | 000 | 65798.72 | |
| 17 State income tax | 18 Local wages, tips, etc. | | |
| 3257.04 | | | |
| 19 Local income tax | 20 Locality name | | |

IL State Filing Copy
W-2 Wage and Tax Statement
Copy 2 to be filed with employee's State Income Tax Return.

| | | | | | | | |
|---|---------------------------------|----------------------------|-------------------|-------------------------------|--|-------------|--|
| Employee Reference Copy | | W-2 | | Wage and Tax Statement | | 2018 | |
| Copy C for employee's records. OMB No. 1545-0008 | | | | | | | |
| d Control number | Dept. | Corp. | Employer use only | | | | |
| 000007 | R9/ITZ | | A | 11 | | | |
| c Employer's name, address, and ZIP code | | | | | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGE, IL 60475 | | | | | | | |
| Batch #98270 | | | | | | | |
| e/f Employee's name, address, and ZIP code | | | | | | | |
| ANTHONY R TATTINI 9999 FOREST STREET DYER, IN 46311 | | | | | | | |
| b Employer's FED ID number | a Employee's SSA number | | | | | | |
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | | | | | |
| 76718.88 | 2993.99 | | | | | | |
| 3 Social security wages | 4 Social security tax withheld | | | | | | |
| 76718.88 | 4756.57 | | | | | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | | | | | |
| 76718.88 | 1112.42 | | | | | | |
| 7 Social security tips | 8 Allocated tips | | | | | | |
| 9 Verification Code | 10 Dependent care benefits | | | | | | |
| 11 Nonqualified plans | 12a See instructions for box 12 | | | | | | |
| 14 Other | 12b | | | | | | |
| | 12c | | | | | | |
| | 12d | | | | | | |
| 13 Stat emp. | Ret. plan | 3rd party sick pay | | | | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | | | | | |
| IL | 000 | 76718.88 | | | | | |
| 17 State income tax | 18 Local wages, tips, etc. | | | | | | |
| 2773.23 | | | | | | | |
| 19 Local income tax | 20 Locality name | | | | | | |

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2018 pay stub plus any adjustments submitted by your employer.

| | | | | | |
|--------------------------|----------|------------------------------|---------|---------------------|---------|
| Gross Pay | 76718.88 | Social Security Tax Withheld | 4756.57 | IL State Income Tax | 2773.23 |
| | | Box 4 of W-2 | | Box 17 of W-2 | |
| | | | | SUI/SDI/FLI | |
| | | | | Box 14 of W-2 | |
| Fed. Income Tax Withheld | 2993.99 | Medicare Tax Withheld | 1112.42 | | |
| Box 2 of W-2 | | Box 6 of W-2 | | | |

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

| | Wages, Tips, other Compensation Box 1 of W-2 | Social Security Wages Box 3 of W-2 | Medicare Wages Box 5 of W-2 | IL State Wages, Tips, Etc. Box 16 of W-2 |
|--------------------|---|---------------------------------------|--------------------------------|---|
| Gross Pay | 76,718.88 | 76,718.88 | 76,718.88 | 76,718.88 |
| Reported W-2 Wages | 76,718.88 | 76,718.88 | 76,718.88 | 76,718.88 |

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.

ANTHONY R TATTINI
9999 FOREST STREET
DYER, IN 46311

Social Security Number: [REDACTED]
Taxable Marital Status: MARRIED
Exemptions/Allowances:
FEDERAL: 10
STATE: 10

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| | | | |
|---|---------------------------------|----------------------------|-------------------|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | |
| 76718.88 | 2993.99 | | |
| 3 Social security wages | 4 Social security tax withheld | | |
| 76718.88 | 4756.57 | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| 76718.88 | 1112.42 | | |
| d Control number | Dept. | Corp. | Employer use only |
| 000007 | R9/ITZ | | A 11 |
| c Employer's name, address, and ZIP code | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGE, IL 60475 | | | |
| b Employer's FED ID number | a Employee's SSA number | | |
| 7 Social security tips | 8 Allocated tips | | |
| 9 Verification Code | 10 Dependent care benefits | | |
| 11 Nonqualified plans | 12a See instructions for box 12 | | |
| 14 Other | 12b | | |
| | 12c | | |
| | 12d | | |
| 13 Stat emp. | Ret. plan | 3rd party sick pay | |
| e/f Employee's name, address and ZIP code | | | |
| ANTHONY R TATTINI 9999 FOREST STREET DYER, IN 46311 | | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | |
| IL | 000 | 76718.88 | |
| 17 State income tax | 18 Local wages, tips, etc. | | |
| 2773.23 | | | |
| 19 Local income tax | 20 Locality name | | |

Federal Filing Copy
W-2 Wage and Tax Statement **2018**
Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008

| | | | |
|---|--------------------------------|----------------------------|-------------------|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | |
| 76718.88 | 2993.99 | | |
| 3 Social security wages | 4 Social security tax withheld | | |
| 76718.88 | 4756.57 | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| 76718.88 | 1112.42 | | |
| d Control number | Dept. | Corp. | Employer use only |
| 000007 | R9/ITZ | | A 11 |
| c Employer's name, address, and ZIP code | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGE, IL 60475 | | | |
| b Employer's FED ID number | a Employee's SSA number | | |
| 7 Social security tips | 8 Allocated tips | | |
| 9 Verification Code | 10 Dependent care benefits | | |
| 11 Nonqualified plans | 12a | | |
| 14 Other | 12b | | |
| | 12c | | |
| | 12d | | |
| 13 Stat emp. | Ret. plan | 3rd party sick pay | |
| e/f Employee's name, address and ZIP code | | | |
| ANTHONY R TATTINI 9999 FOREST STREET DYER, IN 46311 | | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | |
| IL | 000 | 76718.88 | |
| 17 State income tax | 18 Local wages, tips, etc. | | |
| 2773.23 | | | |
| 19 Local income tax | 20 Locality name | | |

IL State Reference Copy
W-2 Wage and Tax Statement **2018**
Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

| | | | |
|---|--------------------------------|----------------------------|-------------------|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | |
| 76718.88 | 2993.99 | | |
| 3 Social security wages | 4 Social security tax withheld | | |
| 76718.88 | 4756.57 | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| 76718.88 | 1112.42 | | |
| d Control number | Dept. | Corp. | Employer use only |
| 000007 | R9/ITZ | | A 11 |
| c Employer's name, address, and ZIP code | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGE, IL 60475 | | | |
| b Employer's FED ID number | a Employee's SSA number | | |
| 7 Social security tips | 8 Allocated tips | | |
| 9 Verification Code | 10 Dependent care benefits | | |
| 11 Nonqualified plans | 12a | | |
| 14 Other | 12b | | |
| | 12c | | |
| | 12d | | |
| 13 Stat emp. | Ret. plan | 3rd party sick pay | |
| e/f Employee's name, address and ZIP code | | | |
| ANTHONY R TATTINI 9999 FOREST STREET DYER, IN 46311 | | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | |
| IL | 000 | 76718.88 | |
| 17 State income tax | 18 Local wages, tips, etc. | | |
| 2773.23 | | | |
| 19 Local income tax | 20 Locality name | | |

IL State Filing Copy
W-2 Wage and Tax Statement **2018**
Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

1:24-cv-06428

Plaintiffs' Local Rule
56.1 Statement

EXHIBIT 85

| | | | | | | | |
|--|---------------------------------|----------------------------|-------------------|-------------------------------|---|-------------|--|
| Employee Reference Copy | | W-2 | | Wage and Tax Statement | | 2019 | |
| Copy C for employee's records. OMB No. 1545-0008 | | | | | | | |
| d Control number | Dept. | Corp. | Employer use only | | | | |
| 000001 | R9/ITZ | | A | | 2 | | |
| c Employer's name, address, and ZIP code | | | | | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGER, IL 60475 | | | | | | | |
| Batch #97245 | | | | | | | |
| e/f Employee's name, address, and ZIP code | | | | | | | |
| ANTHONY BRUTTI 7975 CATALPA ST DYER, IN 46311 | | | | | | | |
| b Employer's FED ID number | a Employee's SSA number | | | | | | |
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | | | | | |
| 61172.49 | 6823.49 | | | | | | |
| 3 Social security wages | 4 Social security tax withheld | | | | | | |
| 57437.50 | 3561.13 | | | | | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | | | | | |
| 57437.50 | 832.84 | | | | | | |
| 7 Social security tips | 8 Allocated tips | | | | | | |
| 9 | 10 Dependent care benefits | | | | | | |
| 11 Nonqualified plans | 12a See instructions for box 12 | | | | | | |
| 14 Other | 12b | | | | | | |
| 3734.99 S-CORP | 12c | | | | | | |
| | 12d | | | | | | |
| 13 Stat emp | Ret. plan | 3rd party sick pay | | | | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | | | | | |
| IL | 000 | 61172.49 | | | | | |
| 17 State income tax | 18 Local wages, tips, etc. | | | | | | |
| 2730.78 | | | | | | | |
| 19 Local income tax | 20 Locality name | | | | | | |

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement and W-4 profile. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

| | Wages, Tips, other Compensation Box 1 of W-2 | Social Security Wages Box 3 of W-2 | Medicare Wages Box 5 of W-2 | IL State Wages, Tips, Etc. Box 16 of W-2 |
|--------------------------------|---|---------------------------------------|--------------------------------|---|
| Gross Pay | 57,437.50 | 57,437.50 | 57,437.50 | 57,437.50 |
| Plus S-Corp 2% Medical Premium | 3,734.99 | N/A | N/A | 3,734.99 |
| Reported W-2 Wages | 61,172.49 | 57,437.50 | 57,437.50 | 61,172.49 |

2. Employee Current W-4 Profile. To make changes, file a new W-4 with your payroll department.

ANTHONY BRUTTI
7975 CATALPA ST
DYER, IN 46311

Social Security Number: XXXXXXXXXX
Taxable Marital Status: **SINGLE**

Exemptions/Allowances:

FEDERAL: 1
STATE: 1

PLAINTIFF'S
EXHIBIT

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| | |
|--|---------------------------------|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld |
| 61172.49 | 6823.49 |
| 3 Social security wages | 4 Social security tax withheld |
| 57437.50 | 3561.13 |
| 5 Medicare wages and tips | 6 Medicare tax withheld |
| 57437.50 | 832.84 |
| d Control number | Dept. |
| 000001 | R9/ITZ |
| c Employer's name, address, and ZIP code | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGER, IL 60475 | |
| b Employer's FED ID number | a Employee's SSA number |
| 7 Social security tips | 8 Allocated tips |
| 9 | 10 Dependent care benefits |
| 11 Nonqualified plans | 12a See instructions for box 12 |
| 14 Other | 12b |
| 3734.99 S-CORP | 12c |
| | 12d |
| 13 Stat emp | Ret. plan |
| | 3rd party sick pay |
| e/f Employee's name, address and ZIP code | |
| ANTHONY BRUTTI 7975 CATALPA ST DYER, IN 46311 | |
| 15 State | Employer's state ID no. |
| IL | 000 |
| 17 State income tax | 16 State wages, tips, etc. |
| 2730.78 | 61172.49 |
| 19 Local income tax | 18 Local wages, tips, etc. |
| | |
| 20 Locality name | |

Federal Filing Copy
W-2 Wage and Tax Statement **2019**
Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008

| | |
|--|--------------------------------|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld |
| 61172.49 | 6823.49 |
| 3 Social security wages | 4 Social security tax withheld |
| 57437.50 | 3561.13 |
| 5 Medicare wages and tips | 6 Medicare tax withheld |
| 57437.50 | 832.84 |
| d Control number | Dept. |
| 000001 | R9/ITZ |
| c Employer's name, address, and ZIP code | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGER, IL 60475 | |
| b Employer's FED ID number | a Employee's SSA number |
| 7 Social security tips | 8 Allocated tips |
| 9 | 10 Dependent care benefits |
| 11 Nonqualified plans | 12a |
| 14 Other | 12b |
| 3734.99 S-CORP | 12c |
| | 12d |
| 13 Stat emp | Ret. plan |
| | 3rd party sick pay |
| e/f Employee's name, address and ZIP code | |
| ANTHONY BRUTTI 7975 CATALPA ST DYER, IN 46311 | |
| 15 State | Employer's state ID no. |
| IL | 000 |
| 17 State income tax | 16 State wages, tips, etc. |
| 2730.78 | 61172.49 |
| 19 Local income tax | 18 Local wages, tips, etc. |
| | |
| 20 Locality name | |

IL State Reference Copy
W-2 Wage and Tax Statement **2019**
Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

| | |
|--|--------------------------------|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld |
| 61172.49 | 6823.49 |
| 3 Social security wages | 4 Social security tax withheld |
| 57437.50 | 3561.13 |
| 5 Medicare wages and tips | 6 Medicare tax withheld |
| 57437.50 | 832.84 |
| d Control number | Dept. |
| 000001 | R9/ITZ |
| c Employer's name, address, and ZIP code | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGER, IL 60475 | |
| b Employer's FED ID number | a Employee's SSA number |
| 7 Social security tips | 8 Allocated tips |
| 9 | 10 Dependent care benefits |
| 11 Nonqualified plans | 12a |
| 14 Other | 12b |
| 3734.99 S-CORP | 12c |
| | 12d |
| 13 Stat emp | Ret. plan |
| | 3rd party sick pay |
| e/f Employee's name, address and ZIP code | |
| ANTHONY BRUTTI 7975 CATALPA ST DYER, IN 46311 | |
| 15 State | Employer's state ID no. |
| IL | 000 |
| 17 State income tax | 16 State wages, tips, etc. |
| 2730.78 | 61172.49 |
| 19 Local income tax | 18 Local wages, tips, etc. |
| | |
| 20 Locality name | |

IL State Filing Copy
W-2 Wage and Tax Statement **2019**
Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

1:24-cv-06428

Plaintiffs' Local Rule
56.1 Statement

EXHIBIT 86

| | | | | | | | |
|---|---------------------------------|----------------------------|-------------------|-------------------------------|--|-------------|--|
| Employee Reference Copy | | W-2 | | Wage and Tax Statement | | 2020 | |
| Copy C for employee's records. OMB No. 1545-0008 | | | | | | | |
| d Control number | Dept. | Corp. | Employer use only | | | | |
| 000001 R9/ITZ | | | A 3 | | | | |
| c Employer's name, address, and ZIP code | | | | | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGE, IL 60475 | | | | | | | |
| Batch #93498 | | | | | | | |
| e/f Employee's name, address, and ZIP code | | | | | | | |
| ANTHONY BRUTTI 7975 CATALPA ST DYER, IN 46311 | | | | | | | |
| b Employer's FED ID number | a Employee's SSA number | | | | | | |
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | | | | | |
| 63098.36 | 6807.65 | | | | | | |
| 3 Social security wages | 4 Social security tax withheld | | | | | | |
| 58700.00 | 3639.40 | | | | | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | | | | | |
| 58700.00 | 851.15 | | | | | | |
| 7 Social security tips | 8 Allocated tips | | | | | | |
| 9 | 10 Dependent care benefits | | | | | | |
| 11 Nonqualified plans | 12a See instructions for box 12 | | | | | | |
| 14 Other | 12b | | | | | | |
| 4398.36 S-CORP | 12c | | | | | | |
| | 12d | | | | | | |
| 13 Stat emp | Ret. plan | 3rd party sick pay | | | | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | | | | | |
| IL | 000 | 63098.36 | | | | | |
| 17 State income tax | 18 Local wages, tips, etc. | | | | | | |
| 2788.45 | | | | | | | |
| 19 Local income tax | 20 Locality name | | | | | | |

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

| | Wages, Tips, other Compensation Box 1 of W-2 | Social Security Wages Box 3 of W-2 | Medicare Wages Box 5 of W-2 | IL State Wages, Tips, Etc. Box 16 of W-2 |
|--------------------------------|---|---------------------------------------|--------------------------------|---|
| Gross Pay | 58,700.00 | 58,700.00 | 58,700.00 | 58,700.00 |
| Plus S-Corp 2% Medical Premium | 4,398.36 | N/A | N/A | 4,398.36 |
| Reported W-2 Wages | 63,098.36 | 58,700.00 | 58,700.00 | 63,098.36 |

2. Employee Name and Address.

ANTHONY BRUTTI
7975 CATALPA ST
DYER, IN 46311

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PLAINTIFF'S
EXHIBIT

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| | | | |
|---|---------------------------------|----------------------------|-------------------|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | |
| 63098.36 | 6807.65 | | |
| 3 Social security wages | 4 Social security tax withheld | | |
| 58700.00 | 3639.40 | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| 58700.00 | 851.15 | | |
| d Control number | Dept. | Corp. | Employer use only |
| 000001 R9/ITZ | | | A 3 |
| c Employer's name, address, and ZIP code | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGE, IL 60475 | | | |
| b Employer's FED ID number | a Employee's SSA number | | |
| 7 Social security tips | 8 Allocated tips | | |
| 9 | 10 Dependent care benefits | | |
| 11 Nonqualified plans | 12a See instructions for box 12 | | |
| 14 Other | 12b | | |
| 4398.36 S-CORP | 12c | | |
| | 12d | | |
| 13 Stat emp | Ret. plan | 3rd party sick pay | |
| e/f Employee's name, address and ZIP code | | | |
| ANTHONY BRUTTI 7975 CATALPA ST DYER, IN 46311 | | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | |
| IL | 000 | 63098.36 | |
| 17 State income tax | 18 Local wages, tips, etc. | | |
| 2788.45 | | | |
| 19 Local income tax | 20 Locality name | | |
| Federal Filing Copy | | | |
| W-2 Wage and Tax 2020 | | | |
| Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008 | | | |

| | | | |
|---|--------------------------------|----------------------------|-------------------|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | |
| 63098.36 | 6807.65 | | |
| 3 Social security wages | 4 Social security tax withheld | | |
| 58700.00 | 3639.40 | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| 58700.00 | 851.15 | | |
| d Control number | Dept. | Corp. | Employer use only |
| 000001 R9/ITZ | | | A 3 |
| c Employer's name, address, and ZIP code | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGE, IL 60475 | | | |
| b Employer's FED ID number | a Employee's SSA number | | |
| 7 Social security tips | 8 Allocated tips | | |
| 9 | 10 Dependent care benefits | | |
| 11 Nonqualified plans | 12a | | |
| 14 Other | 12b | | |
| 4398.36 S-CORP | 12c | | |
| | 12d | | |
| 13 Stat emp | Ret. plan | 3rd party sick pay | |
| e/f Employee's name, address and ZIP code | | | |
| ANTHONY BRUTTI 7975 CATALPA ST DYER, IN 46311 | | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | |
| IL | 000 | 63098.36 | |
| 17 State income tax | 18 Local wages, tips, etc. | | |
| 2788.45 | | | |
| 19 Local income tax | 20 Locality name | | |
| IL State Reference Copy | | | |
| W-2 Wage and Tax 2020 | | | |
| Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008 | | | |

| | | | |
|---|--------------------------------|----------------------------|-------------------|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | |
| 63098.36 | 6807.65 | | |
| 3 Social security wages | 4 Social security tax withheld | | |
| 58700.00 | 3639.40 | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| 58700.00 | 851.15 | | |
| d Control number | Dept. | Corp. | Employer use only |
| 000001 R9/ITZ | | | A 3 |
| c Employer's name, address, and ZIP code | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGE, IL 60475 | | | |
| b Employer's FED ID number | a Employee's SSA number | | |
| 7 Social security tips | 8 Allocated tips | | |
| 9 | 10 Dependent care benefits | | |
| 11 Nonqualified plans | 12a | | |
| 14 Other | 12b | | |
| 4398.36 S-CORP | 12c | | |
| | 12d | | |
| 13 Stat emp | Ret. plan | 3rd party sick pay | |
| e/f Employee's name, address and ZIP code | | | |
| ANTHONY BRUTTI 7975 CATALPA ST DYER, IN 46311 | | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | |
| IL | 000 | 63098.36 | |
| 17 State income tax | 18 Local wages, tips, etc. | | |
| 2788.45 | | | |
| 19 Local income tax | 20 Locality name | | |
| IL State Filing Copy | | | |
| W-2 Wage and Tax 2020 | | | |
| Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008 | | | |

1:24-cv-06428

Plaintiffs' Local Rule
56.1 Statement

EXHIBIT 87

| | | | | | | | |
|---|---------------------------------|----------------------------|-------------------|-------------------------------|--|-------------|--|
| Employee Reference Copy | | W-2 | | Wage and Tax Statement | | 2021 | |
| Copy C for employee's records. OMB No. 1545-0008 | | | | | | | |
| d Control number | Dept. | Corp. | Employer use only | | | | |
| 000001 R9/ITZ | | | A 3 | | | | |
| c Employer's name, address, and ZIP code | | | | | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGE, IL 60475 | | | | | | | |
| Batch #93374 | | | | | | | |
| e/f Employee's name, address, and ZIP code | | | | | | | |
| ANTHONY BRUTTI 7975 CATALPA ST DYER, IN 46311 | | | | | | | |
| b Employer's FED ID number | a Employee's SSA number | | | | | | |
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | | | | | |
| 64368.56 | 6900.48 | | | | | | |
| 3 Social security wages | 4 Social security tax withheld | | | | | | |
| 58940.00 | 3654.28 | | | | | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | | | | | |
| 58940.00 | 854.63 | | | | | | |
| 7 Social security tips | 8 Allocated tips | | | | | | |
| 9 | 10 Dependent care benefits | | | | | | |
| 11 Nonqualified plans | 12a See instructions for box 12 | | | | | | |
| 14 Other | 12b | | | | | | |
| 5428.56 S-CORP | 12c | | | | | | |
| | 12d | | | | | | |
| 13 Stat emp | Ret. plan | 3rd party sick pay | | | | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | | | | | |
| IL | 000 | 64368.56 | | | | | |
| 17 State income tax | 18 Local wages, tips, etc. | | | | | | |
| 2800.05 | | | | | | | |
| 19 Local income tax | 20 Locality name | | | | | | |

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

| | Wages, Tips, other Compensation Box 1 of W-2 | Social Security Wages Box 3 of W-2 | Medicare Wages Box 5 of W-2 | IL State Wages, Tips, Etc. Box 16 of W-2 |
|--------------------------------|---|---------------------------------------|--------------------------------|---|
| Gross Pay | 58,940.00 | 58,940.00 | 58,940.00 | 58,940.00 |
| Plus S-Corp 2% Medical Premium | 5,428.56 | N/A | N/A | 5,428.56 |
| Reported W-2 Wages | 64,368.56 | 58,940.00 | 58,940.00 | 64,368.56 |

2. Employee Name and Address.

ANTHONY BRUTTI
7975 CATALPA ST
DYER, IN 46311

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| | | | |
|---|---------------------------------|----------------------------|-------------------|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | |
| 64368.56 | 6900.48 | | |
| 3 Social security wages | 4 Social security tax withheld | | |
| 58940.00 | 3654.28 | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| 58940.00 | 854.63 | | |
| d Control number | Dept. | Corp. | Employer use only |
| 000001 R9/ITZ | | | A 3 |
| c Employer's name, address, and ZIP code | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGE, IL 60475 | | | |
| b Employer's FED ID number | a Employee's SSA number | | |
| 7 Social security tips | 8 Allocated tips | | |
| 9 | 10 Dependent care benefits | | |
| 11 Nonqualified plans | 12a See instructions for box 12 | | |
| 14 Other | 12b | | |
| 5428.56 S-CORP | 12c | | |
| | 12d | | |
| 13 Stat emp | Ret. plan | 3rd party sick pay | |
| e/f Employee's name, address and ZIP code | | | |
| ANTHONY BRUTTI 7975 CATALPA ST DYER, IN 46311 | | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | |
| IL | 000 | 64368.56 | |
| 17 State income tax | 18 Local wages, tips, etc. | | |
| 2800.05 | | | |
| 19 Local income tax | 20 Locality name | | |

Federal Filing Copy
W-2 Wage and Tax Statement
Copy B to be filed with employee's Federal Income Tax Return.

| | | | |
|---|---------------------------------|----------------------------|-------------------|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | |
| 64368.56 | 6900.48 | | |
| 3 Social security wages | 4 Social security tax withheld | | |
| 58940.00 | 3654.28 | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| 58940.00 | 854.63 | | |
| d Control number | Dept. | Corp. | Employer use only |
| 000001 R9/ITZ | | | A 3 |
| c Employer's name, address, and ZIP code | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGE, IL 60475 | | | |
| b Employer's FED ID number | a Employee's SSA number | | |
| 7 Social security tips | 8 Allocated tips | | |
| 9 | 10 Dependent care benefits | | |
| 11 Nonqualified plans | 12a See instructions for box 12 | | |
| 14 Other | 12b | | |
| 5428.56 S-CORP | 12c | | |
| | 12d | | |
| 13 Stat emp | Ret. plan | 3rd party sick pay | |
| e/f Employee's name, address and ZIP code | | | |
| ANTHONY BRUTTI 7975 CATALPA ST DYER, IN 46311 | | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | |
| IL | 000 | 64368.56 | |
| 17 State income tax | 18 Local wages, tips, etc. | | |
| 2800.05 | | | |
| 19 Local income tax | 20 Locality name | | |

IL State Reference Copy
W-2 Wage and Tax Statement
Copy 2 to be filed with employee's State Income Tax Return.

| | | | |
|---|---------------------------------|----------------------------|-------------------|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | |
| 64368.56 | 6900.48 | | |
| 3 Social security wages | 4 Social security tax withheld | | |
| 58940.00 | 3654.28 | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| 58940.00 | 854.63 | | |
| d Control number | Dept. | Corp. | Employer use only |
| 000001 R9/ITZ | | | A 3 |
| c Employer's name, address, and ZIP code | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGE, IL 60475 | | | |
| b Employer's FED ID number | a Employee's SSA number | | |
| 7 Social security tips | 8 Allocated tips | | |
| 9 | 10 Dependent care benefits | | |
| 11 Nonqualified plans | 12a See instructions for box 12 | | |
| 14 Other | 12b | | |
| 5428.56 S-CORP | 12c | | |
| | 12d | | |
| 13 Stat emp | Ret. plan | 3rd party sick pay | |
| e/f Employee's name, address and ZIP code | | | |
| ANTHONY BRUTTI 7975 CATALPA ST DYER, IN 46311 | | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | |
| IL | 000 | 64368.56 | |
| 17 State income tax | 18 Local wages, tips, etc. | | |
| 2800.05 | | | |
| 19 Local income tax | 20 Locality name | | |

IL State Filing Copy
W-2 Wage and Tax Statement
Copy 2 to be filed with employee's State Income Tax Return.

1:24-cv-06428

Plaintiffs' Local Rule
56.1 Statement

EXHIBIT 88

| | | | | | | | |
|---|---------------------------------|----------------------------|-------------------|-------------------------------|--|-------------|--|
| Employee Reference Copy | | W-2 | | Wage and Tax Statement | | 2022 | |
| Copy C for employee's records. OMB No. 1545-0008 | | | | | | | |
| d Control number | Dept. | Corp. | Employer use only | | | | |
| 000001 R9/ITZ | | | A 3 | | | | |
| c Employer's name, address, and ZIP code | | | | | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGE, IL 60475 | | | | | | | |
| Batch #93346 | | | | | | | |
| e/f Employee's name, address, and ZIP code | | | | | | | |
| ANTHONY BRUTTI 7975 CATALPA ST DYER, IN 46311 | | | | | | | |
| b Employer's FED ID number | a Employee's SSA number | | | | | | |
| | XXX-XX-XXXX | | | | | | |
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | | | | | |
| 71594.48 | 8350.84 | | | | | | |
| 3 Social security wages | 4 Social security tax withheld | | | | | | |
| 66530.00 | 4124.86 | | | | | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | | | | | |
| 66530.00 | 964.69 | | | | | | |
| 7 Social security tips | 8 Allocated tips | | | | | | |
| | 9 | | | | | | |
| 11 Nonqualified plans | 12a See instructions for box 12 | | | | | | |
| 14 Other | 12b | | | | | | |
| 5064.48 S-CORP | 12c | | | | | | |
| | 12d | | | | | | |
| 13 Stat emp | Ret. plan | 3rd party sick pay | | | | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | | | | | |
| IL | 000 | 71594.48 | | | | | |
| 17 State income tax | 18 Local wages, tips, etc. | | | | | | |
| 3173.25 | | | | | | | |
| 19 Local income tax | 20 Locality name | | | | | | |

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

| | Wages, Tips, other Compensation Box 1 of W-2 | Social Security Wages Box 3 of W-2 | Medicare Wages Box 5 of W-2 | IL State Wages, Tips, Etc. Box 16 of W-2 |
|--------------------------------|---|---------------------------------------|--------------------------------|---|
| Gross Pay | 66,530.00 | 66,530.00 | 66,530.00 | 66,530.00 |
| Plus S-Corp 2% Medical Premium | 5,064.48 | N/A | N/A | 5,064.48 |
| Reported W-2 Wages | 71,594.48 | 66,530.00 | 66,530.00 | 71,594.48 |

2. Employee Name and Address.

ANTHONY BRUTTI
7975 CATALPA ST
DYER, IN 46311

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PLAINTIFF'S
EXHIBIT

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| | | | |
|---|---------------------------------|----------------------------|-------------------|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | |
| 71594.48 | 8350.84 | | |
| 3 Social security wages | 4 Social security tax withheld | | |
| 66530.00 | 4124.86 | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| 66530.00 | 964.69 | | |
| d Control number | Dept. | Corp. | Employer use only |
| 000001 R9/ITZ | | | A 3 |
| c Employer's name, address, and ZIP code | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGE, IL 60475 | | | |
| b Employer's FED ID number | a Employee's SSA number | | |
| | XXX-XX-XXXX | | |
| 7 Social security tips | 8 Allocated tips | | |
| | 9 | | |
| 11 Nonqualified plans | 12a See instructions for box 12 | | |
| 14 Other | 12b | | |
| 5064.48 S-CORP | 12c | | |
| | 12d | | |
| 13 Stat emp | Ret. plan | 3rd party sick pay | |
| e/f Employee's name, address and ZIP code | | | |
| ANTHONY BRUTTI 7975 CATALPA ST DYER, IN 46311 | | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | |
| IL | 000 | 71594.48 | |
| 17 State income tax | 18 Local wages, tips, etc. | | |
| 3173.25 | | | |
| 19 Local income tax | 20 Locality name | | |

Federal Filing Copy
W-2 Wage and Tax Statement
Copy B to be filed with employee's Federal Income Tax Return.

| | | | |
|---|---------------------------------|----------------------------|-------------------|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | |
| 71594.48 | 8350.84 | | |
| 3 Social security wages | 4 Social security tax withheld | | |
| 66530.00 | 4124.86 | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| 66530.00 | 964.69 | | |
| d Control number | Dept. | Corp. | Employer use only |
| 000001 R9/ITZ | | | A 3 |
| c Employer's name, address, and ZIP code | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGE, IL 60475 | | | |
| b Employer's FED ID number | a Employee's SSA number | | |
| | XXX-XX-XXXX | | |
| 7 Social security tips | 8 Allocated tips | | |
| | 9 | | |
| 11 Nonqualified plans | 12a See instructions for box 12 | | |
| 14 Other | 12b | | |
| 5064.48 S-CORP | 12c | | |
| | 12d | | |
| 13 Stat emp | Ret. plan | 3rd party sick pay | |
| e/f Employee's name, address and ZIP code | | | |
| ANTHONY BRUTTI 7975 CATALPA ST DYER, IN 46311 | | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | |
| IL | 000 | 71594.48 | |
| 17 State income tax | 18 Local wages, tips, etc. | | |
| 3173.25 | | | |
| 19 Local income tax | 20 Locality name | | |

IL State Reference Copy
W-2 Wage and Tax Statement
Copy 2 to be filed with employee's State Income Tax Return.

| | | | |
|---|---------------------------------|----------------------------|-------------------|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | |
| 71594.48 | 8350.84 | | |
| 3 Social security wages | 4 Social security tax withheld | | |
| 66530.00 | 4124.86 | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| 66530.00 | 964.69 | | |
| d Control number | Dept. | Corp. | Employer use only |
| 000001 R9/ITZ | | | A 3 |
| c Employer's name, address, and ZIP code | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGE, IL 60475 | | | |
| b Employer's FED ID number | a Employee's SSA number | | |
| | XXX-XX-XXXX | | |
| 7 Social security tips | 8 Allocated tips | | |
| | 9 | | |
| 11 Nonqualified plans | 12a See instructions for box 12 | | |
| 14 Other | 12b | | |
| 5064.48 S-CORP | 12c | | |
| | 12d | | |
| 13 Stat emp | Ret. plan | 3rd party sick pay | |
| e/f Employee's name, address and ZIP code | | | |
| ANTHONY BRUTTI 7975 CATALPA ST DYER, IN 46311 | | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | |
| IL | 000 | 71594.48 | |
| 17 State income tax | 18 Local wages, tips, etc. | | |
| 3173.25 | | | |
| 19 Local income tax | 20 Locality name | | |

IL State Filing Copy
W-2 Wage and Tax Statement
Copy 2 to be filed with employee's State Income Tax Return.

1:24-cv-06428

Plaintiffs' Local Rule
56.1 Statement

EXHIBIT 89



| Employee Reference Copy | |
|---|---|
| W-2 Wage and Tax Statement 2022 | |
| OMB No. 1545-0008 | |
| Copy C for employee's records. | |
| d Control number 000010 R9/ITZ | Dept. Corp. Employer use only A 1 |
| c Employer's name, address, and ZIP code DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGE, IL 60475 Batch #93346 | |
| e/f Employee's name, address, and ZIP code JOSE L AGUIRRE 6403 VAN BUREN AVE HAMMOND, IN 46324 | |
| b Employer's FED ID number | a Employee's SSA number XXX-XX-XXXX |
| 1 Wages, tips, other comp. 104805.85 | 2 Federal income tax withheld 12081.93 |
| 3 Social security wages 104805.85 | 4 Social security tax withheld 6497.96 |
| 5 Medicare wages and tips 104805.85 | 6 Medicare tax withheld 1519.68 |
| 7 Social security tips | 8 Allocated tips |
| 9 | 10 Dependent care benefits |
| 11 Nonqualified plans | 12a See instructions for box 12 |
| 14 Other | 12b 12c 12d |
| 13 Stat emp Ret. plan 3rd party sick pay | |
| 15 State Employer's state ID no. IL 000 | 16 State wages, tips, etc. 104805.85 |
| 17 State income tax 5187.79 | 18 Local wages, tips, etc. |
| 19 Local income tax | 20 Locality name |

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

| | Wages, Tips, other Compensation Box 1 of W-2 | Social Security Wages Box 3 of W-2 | Medicare Wages Box 5 of W-2 | IL. State Wages, Tips, Etc. Box 16 of W-2 |
|--------------------|--|--|-----------------------------------|---|
| Gross Pay | 104,805.85 | 104,805.85 | 104,805.85 | 104,805.85 |
| Reported W-2 Wages | 104,805.85 | 104,805.85 | 104,805.85 | 104,805.85 |

2. Employee Name and Address.

JOSE L AGUIRRE
6403 VAN BUREN AVE
HAMMOND, IN 46324

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| | |
|---|---|
| 1 Wages, tips, other comp. 104805.85 | 2 Federal income tax withheld 12081.93 |
| 3 Social security wages 104805.85 | 4 Social security tax withheld 6497.96 |
| 5 Medicare wages and tips 104805.85 | 6 Medicare tax withheld 1519.68 |
| d Control number 000010 R9/ITZ | Dept. Corp. Employer use only A 1 |
| c Employer's name, address, and ZIP code DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGE, IL 60475 | |
| b Employer's FED ID number | a Employee's SSA number XXX-XX-XXXX |
| 7 Social security tips | 8 Allocated tips |
| 9 | 10 Dependent care benefits |
| 11 Nonqualified plans | 12a See instructions for box 12 |
| 14 Other | 12b 12c 12d |
| 13 Stat emp Ret. plan 3rd party sick pay | |
| e/f Employee's name, address and ZIP code JOSE L AGUIRRE 6403 VAN BUREN AVE HAMMOND, IN 46324 | |
| 15 State Employer's state ID no. IL 000 | 16 State wages, tips, etc. 104805.85 |
| 17 State income tax 5187.79 | 18 Local wages, tips, etc. |
| 19 Local income tax | 20 Locality name |
| Federal Filing Copy W-2 Wage and Tax Statement 2022 Copy B to be filed with employee's Federal Income Tax Return. | |

| | |
|---|---|
| 1 Wages, tips, other comp. 104805.85 | 2 Federal income tax withheld 12081.93 |
| 3 Social security wages 104805.85 | 4 Social security tax withheld 6497.96 |
| 5 Medicare wages and tips 104805.85 | 6 Medicare tax withheld 1519.68 |
| d Control number 000010 R9/ITZ | Dept. Corp. Employer use only A 1 |
| c Employer's name, address, and ZIP code DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGE, IL 60475 | |
| b Employer's FED ID number | a Employee's SSA number XXX-XX-XXXX |
| 7 Social security tips | 8 Allocated tips |
| 9 | 10 Dependent care benefits |
| 11 Nonqualified plans | 12a |
| 14 Other | 12b 12c 12d |
| 13 Stat emp Ret. plan 3rd party sick pay | |
| e/f Employee's name, address and ZIP code JOSE L AGUIRRE 6403 VAN BUREN AVE HAMMOND, IN 46324 | |
| 15 State Employer's state ID no. IL 000 | 16 State wages, tips, etc. 104805.85 |
| 17 State income tax 5187.79 | 18 Local wages, tips, etc. |
| 19 Local income tax | 20 Locality name |
| IL State Reference Copy W-2 Wage and Tax Statement 2022 Copy 2 to be filed with employee's State Income Tax Return. | |

| | |
|--|---|
| 1 Wages, tips, other comp. 104805.85 | 2 Federal income tax withheld 12081.93 |
| 3 Social security wages 104805.85 | 4 Social security tax withheld 6497.96 |
| 5 Medicare wages and tips 104805.85 | 6 Medicare tax withheld 1519.68 |
| d Control number 000010 R9/ITZ | Dept. Corp. Employer use only A 1 |
| c Employer's name, address, and ZIP code DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGE, IL 60475 | |
| b Employer's FED ID number | a Employee's SSA number XXX-XX-XXXX |
| 7 Social security tips | 8 Allocated tips |
| 9 | 10 Dependent care benefits |
| 11 Nonqualified plans | 12a |
| 14 Other | 12b 12c 12d |
| 13 Stat emp Ret. plan 3rd party sick pay | |
| e/f Employee's name, address and ZIP code JOSE L AGUIRRE 6403 VAN BUREN AVE HAMMOND, IN 46324 | |
| 15 State Employer's state ID no. IL 000 | 16 State wages, tips, etc. 104805.85 |
| 17 State income tax 5187.79 | 18 Local wages, tips, etc. |
| 19 Local income tax | 20 Locality name |
| IL State Filing Copy W-2 Wage and Tax Statement 2022 Copy 2 to be filed with employee's State Income Tax Return. | |



| | | | | | |
|--|--|----------------------------|-------------------|------|--|
| Employee Reference Copy | | Wage and Tax Statement | | 2022 | |
| Copy C for employee's records. OMB No. 1545-0008 | | | | | |
| d Control number | Dept. | Corp. | Employer use only | 5 | |
| 000018 | R9/ITZ | | A | | |
| c Employer's name, address, and ZIP code | | | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGER, IL 60475 | | | | | |
| Batch #93346 | | | | | |
| e/f Employee's name, address, and ZIP code | | | | | |
| DON CRUIKSHANK 506 BELDEN DR DYER, IN 46311 | | | | | |
| b Employer's FED ID number | a Employee's SSA number | | | | |
| | XXX-XX | | | | |
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | | | |
| 116229.74 | 19746.57 | | | | |
| 3 Social security wages | 4 Social security tax withheld | | | | |
| 116229.74 | 7206.24 | | | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | | | |
| 116229.74 | 1685.33 | | | | |
| 7 Social security tips | 8 Allocated tips | | | | |
| | | | | | |
| 9 | 10 Dependent care benefits | | | | |
| | | | | | |
| 11 Nonqualified plans | 12a See instructions for box 12 | | | | |
| | | | | | |
| 14 Other | 12b | | | | |
| | 12c | | | | |
| | 12d | | | | |
| | 13 Stat emp Ret. plan 3rd party sick pay | | | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | | | |
| IL | 000 | 116229.74 | | | |
| 17 State income tax | 18 Local wages, tips, etc. | | | | |
| 5753.27 | | | | | |
| 19 Local income tax | 20 Locality name | | | | |
| | | | | | |

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

| | Wages, Tips, other Compensation Box 1 of W-2 | Social Security Wages Box 3 of W-2 | Medicare Wages Box 5 of W-2 | IL State Wages, Tips, Etc. Box 16 of W-2 |
|--------------------|---|---------------------------------------|--------------------------------|---|
| Gross Pay | 116,229.74 | 116,229.74 | 116,229.74 | 116,229.74 |
| Reported W-2 Wages | 116,229.74 | 116,229.74 | 116,229.74 | 116,229.74 |

2. Employee Name and Address.

DON CRUIKSHANK
506 BELDEN DR
DYER, IN 46311

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| | | | |
|---|--|----------------------------|-------------------|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | |
| 116229.74 | 19746.57 | | |
| 3 Social security wages | 4 Social security tax withheld | | |
| 116229.74 | 7206.24 | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| 116229.74 | 1685.33 | | |
| d Control number | Dept. | Corp. | Employer use only |
| 000018 | R9/ITZ | | A 5 |
| c Employer's name, address, and ZIP code | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGER, IL 60475 | | | |
| b Employer's FED ID number | a Employee's SSA number | | |
| | XXX-XX | | |
| 7 Social security tips | 8 Allocated tips | | |
| | | | |
| 9 | 10 Dependent care benefits | | |
| | | | |
| 11 Nonqualified plans | 12a See instructions for box 12 | | |
| | | | |
| 14 Other | 12b | | |
| | 12c | | |
| | 12d | | |
| | 13 Stat emp Ret. plan 3rd party sick pay | | |
| e/f Employee's name, address and ZIP code | | | |
| DON CRUIKSHANK 506 BELDEN DR DYER, IN 46311 | | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | |
| IL | 000 | 116229.74 | |
| 17 State income tax | 18 Local wages, tips, etc. | | |
| 5753.27 | | | |
| 19 Local income tax | 20 Locality name | | |
| | | | |
| Federal Filing Copy | | | |
| W-2 Wage and Tax Statement 2022 | | | |
| Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008 | | | |

| | | | |
|---|--|----------------------------|-------------------|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | |
| 116229.74 | 19746.57 | | |
| 3 Social security wages | 4 Social security tax withheld | | |
| 116229.74 | 7206.24 | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| 116229.74 | 1685.33 | | |
| d Control number | Dept. | Corp. | Employer use only |
| 000018 | R9/ITZ | | A 5 |
| c Employer's name, address, and ZIP code | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGER, IL 60475 | | | |
| b Employer's FED ID number | a Employee's SSA number | | |
| | XXX-XX | | |
| 7 Social security tips | 8 Allocated tips | | |
| | | | |
| 9 | 10 Dependent care benefits | | |
| | | | |
| 11 Nonqualified plans | 12a | | |
| | | | |
| 14 Other | 12b | | |
| | 12c | | |
| | 12d | | |
| | 13 Stat emp Ret. plan 3rd party sick pay | | |
| e/f Employee's name, address and ZIP code | | | |
| DON CRUIKSHANK 506 BELDEN DR DYER, IN 46311 | | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | |
| IL | 000 | 116229.74 | |
| 17 State income tax | 18 Local wages, tips, etc. | | |
| 5753.27 | | | |
| 19 Local income tax | 20 Locality name | | |
| | | | |
| IL State Reference Copy | | | |
| W-2 Wage and Tax Statement 2022 | | | |
| Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008 | | | |

| | | | |
|---|--|----------------------------|-------------------|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | |
| 116229.74 | 19746.57 | | |
| 3 Social security wages | 4 Social security tax withheld | | |
| 116229.74 | 7206.24 | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| 116229.74 | 1685.33 | | |
| d Control number | Dept. | Corp. | Employer use only |
| 000018 | R9/ITZ | | A 5 |
| c Employer's name, address, and ZIP code | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGER, IL 60475 | | | |
| b Employer's FED ID number | a Employee's SSA number | | |
| | XXX-XX | | |
| 7 Social security tips | 8 Allocated tips | | |
| | | | |
| 9 | 10 Dependent care benefits | | |
| | | | |
| 11 Nonqualified plans | 12a | | |
| | | | |
| 14 Other | 12b | | |
| | 12c | | |
| | 12d | | |
| | 13 Stat emp Ret. plan 3rd party sick pay | | |
| e/f Employee's name, address and ZIP code | | | |
| DON CRUIKSHANK 506 BELDEN DR DYER, IN 46311 | | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | |
| IL | 000 | 116229.74 | |
| 17 State income tax | 18 Local wages, tips, etc. | | |
| 5753.27 | | | |
| 19 Local income tax | 20 Locality name | | |
| | | | |
| IL State Filing Copy | | | |
| W-2 Wage and Tax Statement 2022 | | | |
| Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008 | | | |

| | | | | | |
|---|--|--------------------------------------|-------------------|------|--|
| Employee Reference Copy | | Wage and Tax Statement | | 2022 | |
| Copy C for employee's records. | | | | | |
| d Control number | Dept. | Corp. | Employer use only | 6 | |
| 000003 | R9/ITZ | | A | | |
| c Employer's name, address, and ZIP code | | | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGE, IL 60475 | | | | | |
| Batch #93346 | | | | | |
| e/f Employee's name, address, and ZIP code | | | | | |
| DAVID GREEN 14240 MORSE ST CEDAR LAKE, IN 46303 | | | | | |
| b Employer's FED ID number | a Employee's SSA number | | | | |
| | XXX-XX-XXXX | | | | |
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | | | |
| 104170.15 | 17887.98 | | | | |
| 3 Social security wages | 4 Social security tax withheld | | | | |
| 104170.15 | 6458.55 | | | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | | | |
| 104170.15 | 1510.47 | | | | |
| 7 Social security tips | 8 Allocated tips | | | | |
| | | | | | |
| 9 | 10 Dependent care benefits | | | | |
| | | | | | |
| 11 Nonqualified plans | 12a See instructions for box 12 | | | | |
| | | | | | |
| 14 Other | 12b | | | | |
| | 12c | | | | |
| | 12d | | | | |
| | 13 Stat emp Ret. plan 3rd party sick pay | | | | |
| 15 State IL | Employer's state ID no. 47-1346180 | 16 State wages, tips, etc. 104170.15 | | | |
| 17 State income tax | 18 Local wages, tips, etc. | | | | |
| 5156.36 | | | | | |
| 19 Local income tax | 20 Locality name | | | | |
| | | | | | |

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

| | Wages, Tips, other Compensation Box 1 of W-2 | Social Security Wages Box 3 of W-2 | Medicare Wages Box 5 of W-2 | IL State Wages, Tips, Etc. Box 16 of W-2 |
|--------------------|---|---------------------------------------|--------------------------------|---|
| Gross Pay | 104,170.15 | 104,170.15 | 104,170.15 | 104,170.15 |
| Reported W-2 Wages | 104,170.15 | 104,170.15 | 104,170.15 | 104,170.15 |

2. Employee Name and Address.

DAVID GREEN
14240 MORSE ST
CEDAR LAKE, IN 46303

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| | |
|---|--|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld |
| 104170.15 | 17887.98 |
| 3 Social security wages | 4 Social security tax withheld |
| 104170.15 | 6458.55 |
| 5 Medicare wages and tips | 6 Medicare tax withheld |
| 104170.15 | 1510.47 |
| d Control number | Dept. |
| 000003 | R9/ITZ |
| c Employer's name, address, and ZIP code | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGE, IL 60475 | |
| b Employer's FED ID number | a Employee's SSA number |
| | XXX-XX-XXXX |
| 7 Social security tips | 8 Allocated tips |
| | |
| 9 | 10 Dependent care benefits |
| | |
| 11 Nonqualified plans | 12a See instructions for box 12 |
| | |
| 14 Other | 12b |
| | 12c |
| | 12d |
| | 13 Stat emp Ret. plan 3rd party sick pay |
| | |
| e/f Employee's name, address and ZIP code | |
| DAVID GREEN 14240 MORSE ST CEDAR LAKE, IN 46303 | |
| 15 State IL | Employer's state ID no. 000 |
| 17 State income tax | 16 State wages, tips, etc. 104170.15 |
| 5156.36 | 18 Local wages, tips, etc. |
| 19 Local income tax | 20 Locality name |
| | |
| Federal Filing Copy | |
| W-2 Wage and Tax Statement 2022 | |
| Copy B to be filed with employee's Federal Income Tax Return. | |

| | |
|---|--|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld |
| 104170.15 | 17887.98 |
| 3 Social security wages | 4 Social security tax withheld |
| 104170.15 | 6458.55 |
| 5 Medicare wages and tips | 6 Medicare tax withheld |
| 104170.15 | 1510.47 |
| d Control number | Dept. |
| 000003 | R9/ITZ |
| c Employer's name, address, and ZIP code | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGE, IL 60475 | |
| b Employer's FED ID number | a Employee's SSA number |
| | XXX-XX-XXXX |
| 7 Social security tips | 8 Allocated tips |
| | |
| 9 | 10 Dependent care benefits |
| | |
| 11 Nonqualified plans | 12a |
| | |
| 14 Other | 12b |
| | 12c |
| | 12d |
| | 13 Stat emp Ret. plan 3rd party sick pay |
| | |
| e/f Employee's name, address and ZIP code | |
| DAVID GREEN 14240 MORSE ST CEDAR LAKE, IN 46303 | |
| 15 State IL | Employer's state ID no. 000 |
| 17 State income tax | 16 State wages, tips, etc. 104170.15 |
| 5156.36 | 18 Local wages, tips, etc. |
| 19 Local income tax | 20 Locality name |
| | |
| IL State Reference Copy | |
| W-2 Wage and Tax Statement 2022 | |
| Copy 2 to be filed with employee's State Income Tax Return. | |

| | |
|---|--|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld |
| 104170.15 | 17887.98 |
| 3 Social security wages | 4 Social security tax withheld |
| 104170.15 | 6458.55 |
| 5 Medicare wages and tips | 6 Medicare tax withheld |
| 104170.15 | 1510.47 |
| d Control number | Dept. |
| 000003 | R9/ITZ |
| c Employer's name, address, and ZIP code | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGE, IL 60475 | |
| b Employer's FED ID number | a Employee's SSA number |
| | XXX-XX-XXXX |
| 7 Social security tips | 8 Allocated tips |
| | |
| 9 | 10 Dependent care benefits |
| | |
| 11 Nonqualified plans | 12a |
| | |
| 14 Other | 12b |
| | 12c |
| | 12d |
| | 13 Stat emp Ret. plan 3rd party sick pay |
| | |
| e/f Employee's name, address and ZIP code | |
| DAVID GREEN 14240 MORSE ST CEDAR LAKE, IN 46303 | |
| 15 State IL | Employer's state ID no. 000 |
| 17 State income tax | 16 State wages, tips, etc. 104170.15 |
| 5156.36 | 18 Local wages, tips, etc. |
| 19 Local income tax | 20 Locality name |
| | |
| IL State Filing Copy | |
| W-2 Wage and Tax Statement 2022 | |
| Copy 2 to be filed with employee's State Income Tax Return. | |

| | | | | | |
|--|--|----------------------------|-------------------|------|--|
| Employee Reference Copy | | Wage and Tax Statement | | 2022 | |
| Copy C for employee's records. OMB No. 1545-0008 | | | | | |
| d Control number | Dept. | Corp. | Employer use only | 7 | |
| 000040 | R9/ITZ | | A | | |
| c Employer's name, address, and ZIP code | | | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGER, IL 60475 | | | | | |
| Batch #93346 | | | | | |
| e/f Employee's name, address, and ZIP code | | | | | |
| ERIC C JANSMA 15142 WOOD FARM ROAD PLAINFIELD, IL 60544 | | | | | |
| b Employer's FED ID number | a Employee's SSA number | | | | |
| | XXX-XX-XXXX | | | | |
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | | | |
| 87796.20 | 13663.03 | | | | |
| 3 Social security wages | 4 Social security tax withheld | | | | |
| 87796.20 | 5443.36 | | | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | | | |
| 87796.20 | 1273.04 | | | | |
| 7 Social security tips | 8 Allocated tips | | | | |
| | | | | | |
| 9 | 10 Dependent care benefits | | | | |
| | | | | | |
| 11 Nonqualified plans | 12a See instructions for box 12 | | | | |
| | | | | | |
| 14 Other | 12b | | | | |
| | 12c | | | | |
| | 12d | | | | |
| | 13 Stat emp Ret. plan 3rd party sick pay | | | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | | | |
| IL | 000 | 87796.20 | | | |
| 17 State income tax | 18 Local wages, tips, etc. | | | | |
| 4345.88 | | | | | |
| 19 Local income tax | 20 Locality name | | | | |
| | | | | | |

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

| | Wages, Tips, other Compensation Box 1 of W-2 | Social Security Wages Box 3 of W-2 | Medicare Wages Box 5 of W-2 | IL State Wages, Tips, Etc. Box 16 of W-2 |
|--------------------|---|---------------------------------------|--------------------------------|---|
| Gross Pay | 87,796.20 | 87,796.20 | 87,796.20 | 87,796.20 |
| Reported W-2 Wages | 87,796.20 | 87,796.20 | 87,796.20 | 87,796.20 |

2. Employee Name and Address.

ERIC C JANSMA
15142 WOOD FARM ROAD
PLAINFIELD, IL 60544

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| | | | |
|---|--|----------------------------|-------------------|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | |
| 87796.20 | 13663.03 | | |
| 3 Social security wages | 4 Social security tax withheld | | |
| 87796.20 | 5443.36 | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| 87796.20 | 1273.04 | | |
| d Control number | Dept. | Corp. | Employer use only |
| 000040 | R9/ITZ | | A 7 |
| c Employer's name, address, and ZIP code | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGER, IL 60475 | | | |
| b Employer's FED ID number | a Employee's SSA number | | |
| | XXX-XX-XXXX | | |
| 7 Social security tips | 8 Allocated tips | | |
| | | | |
| 9 | 10 Dependent care benefits | | |
| | | | |
| 11 Nonqualified plans | 12a See instructions for box 12 | | |
| | | | |
| 14 Other | 12b | | |
| | 12c | | |
| | 12d | | |
| | 13 Stat emp Ret. plan 3rd party sick pay | | |
| e/f Employee's name, address and ZIP code | | | |
| ERIC C JANSMA 15142 WOOD FARM ROAD PLAINFIELD, IL 60544 | | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | |
| IL | 000 | 87796.20 | |
| 17 State income tax | 18 Local wages, tips, etc. | | |
| 4345.88 | | | |
| 19 Local income tax | 20 Locality name | | |
| | | | |
| Federal Filing Copy | | | |
| W-2 Wage and Tax Statement 2022 | | | |
| Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008 | | | |

| | | | |
|---|--|----------------------------|-------------------|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | |
| 87796.20 | 13663.03 | | |
| 3 Social security wages | 4 Social security tax withheld | | |
| 87796.20 | 5443.36 | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| 87796.20 | 1273.04 | | |
| d Control number | Dept. | Corp. | Employer use only |
| 000040 | R9/ITZ | | A 7 |
| c Employer's name, address, and ZIP code | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGER, IL 60475 | | | |
| b Employer's FED ID number | a Employee's SSA number | | |
| | XXX-XX-XXXX | | |
| 7 Social security tips | 8 Allocated tips | | |
| | | | |
| 9 | 10 Dependent care benefits | | |
| | | | |
| 11 Nonqualified plans | 12a | | |
| | | | |
| 14 Other | 12b | | |
| | 12c | | |
| | 12d | | |
| | 13 Stat emp Ret. plan 3rd party sick pay | | |
| e/f Employee's name, address and ZIP code | | | |
| ERIC C JANSMA 15142 WOOD FARM ROAD PLAINFIELD, IL 60544 | | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | |
| IL | 000 | 87796.20 | |
| 17 State income tax | 18 Local wages, tips, etc. | | |
| 4345.88 | | | |
| 19 Local income tax | 20 Locality name | | |
| | | | |
| IL State Reference Copy | | | |
| W-2 Wage and Tax Statement 2022 | | | |
| Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008 | | | |

| | | | |
|---|--|----------------------------|-------------------|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | |
| 87796.20 | 13663.03 | | |
| 3 Social security wages | 4 Social security tax withheld | | |
| 87796.20 | 5443.36 | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| 87796.20 | 1273.04 | | |
| d Control number | Dept. | Corp. | Employer use only |
| 000040 | R9/ITZ | | A 7 |
| c Employer's name, address, and ZIP code | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGER, IL 60475 | | | |
| b Employer's FED ID number | a Employee's SSA number | | |
| | XXX-XX-XXXX | | |
| 7 Social security tips | 8 Allocated tips | | |
| | | | |
| 9 | 10 Dependent care benefits | | |
| | | | |
| 11 Nonqualified plans | 12a | | |
| | | | |
| 14 Other | 12b | | |
| | 12c | | |
| | 12d | | |
| | 13 Stat emp Ret. plan 3rd party sick pay | | |
| e/f Employee's name, address and ZIP code | | | |
| ERIC C JANSMA 15142 WOOD FARM ROAD PLAINFIELD, IL 60544 | | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | |
| IL | 000 | 87796.20 | |
| 17 State income tax | 18 Local wages, tips, etc. | | |
| 4345.88 | | | |
| 19 Local income tax | 20 Locality name | | |
| | | | |
| IL State Filing Copy | | | |
| W-2 Wage and Tax Statement 2022 | | | |
| Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008 | | | |

| | | | | | |
|---|---|------------------------|-------------------|------|--|
| Employee Reference Copy | | Wage and Tax Statement | | 2022 | |
| Copy C for employee's records. OMB No. 1545-0008 | | | | | |
| d Control number | Dept. | Corp. | Employer use only | 8 | |
| 000020 | R9/ITZ | | A | | |
| c Employer's name, address, and ZIP code | | | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGE, IL 60475 | | | | | |
| Batch #93346 | | | | | |
| e/f Employee's name, address, and ZIP code | | | | | |
| NICOLAS KELLY 258 S MAYFAIR PL CHICAGO HTS, IL 60411-1842 | | | | | |
| b Employer's FED ID number | a Employee's SSA number | | | | |
| | XXX-XX-XXXX | | | | |
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | | | |
| 93127.05 | 15607.56 | | | | |
| 3 Social security wages | 4 Social security tax withheld | | | | |
| 93127.05 | 5773.88 | | | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | | | |
| 93127.05 | 1350.34 | | | | |
| 7 Social security tips | 8 Allocated tips | | | | |
| | | | | | |
| 9 | 10 Dependent care benefits | | | | |
| | | | | | |
| 11 Nonqualified plans | 12a See instructions for box 12 | | | | |
| | | | | | |
| 14 Other | 12b | | | | |
| | 12c | | | | |
| | 12d | | | | |
| | 13 Stat emp. Ret. plan 3rd party sick pay | | | | |
| 15 State Employer's state ID no. | 16 State wages, tips, etc. | | | | |
| IL 000 | 93127.05 | | | | |
| 17 State income tax | 18 Local wages, tips, etc. | | | | |
| 4609.78 | | | | | |
| 19 Local income tax | 20 Locality name | | | | |
| | | | | | |

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

| | Wages, Tips, other Compensation Box 1 of W-2 | Social Security Wages Box 3 of W-2 | Medicare Wages Box 5 of W-2 | IL State Wages, Tips, Etc. Box 16 of W-2 |
|--------------------|---|---------------------------------------|--------------------------------|---|
| Gross Pay | 93,127.05 | 93,127.05 | 93,127.05 | 93,127.05 |
| Reported W-2 Wages | 93,127.05 | 93,127.05 | 93,127.05 | 93,127.05 |

2. Employee Name and Address.

NICOLAS KELLY
258 S MAYFAIR PL
CHICAGO HTS, IL 60411-1842

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| | |
|---|---|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld |
| 93127.05 | 15607.56 |
| 3 Social security wages | 4 Social security tax withheld |
| 93127.05 | 5773.88 |
| 5 Medicare wages and tips | 6 Medicare tax withheld |
| 93127.05 | 1350.34 |
| d Control number | Dept. |
| 000020 | R9/ITZ |
| c Employer's name, address, and ZIP code | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGE, IL 60475 | |
| b Employer's FED ID number | a Employee's SSA number |
| | XXX-XX-XXXX |
| 7 Social security tips | 8 Allocated tips |
| | |
| 9 | 10 Dependent care benefits |
| | |
| 11 Nonqualified plans | 12a See instructions for box 12 |
| | |
| 14 Other | 12b |
| | 12c |
| | 12d |
| | 13 Stat emp. Ret. plan 3rd party sick pay |
| e/f Employee's name, address and ZIP code | |
| NICOLAS KELLY 258 S MAYFAIR PL CHICAGO HTS, IL 60411-1842 | |
| 15 State Employer's state ID no. | 16 State wages, tips, etc. |
| IL 000 | 93127.05 |
| 17 State income tax | 18 Local wages, tips, etc. |
| 4609.78 | |
| 19 Local income tax | 20 Locality name |
| | |
| Federal Filing Copy | |
| W-2 Wage and Tax Statement 2022 | |
| Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008 | |

| | |
|---|---|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld |
| 93127.05 | 15607.56 |
| 3 Social security wages | 4 Social security tax withheld |
| 93127.05 | 5773.88 |
| 5 Medicare wages and tips | 6 Medicare tax withheld |
| 93127.05 | 1350.34 |
| d Control number | Dept. |
| 000020 | R9/ITZ |
| c Employer's name, address, and ZIP code | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGE, IL 60475 | |
| b Employer's FED ID number | a Employee's SSA number |
| | XXX-XX-XXXX |
| 7 Social security tips | 8 Allocated tips |
| | |
| 9 | 10 Dependent care benefits |
| | |
| 11 Nonqualified plans | 12a |
| | |
| 14 Other | 12b |
| | 12c |
| | 12d |
| | 13 Stat emp. Ret. plan 3rd party sick pay |
| e/f Employee's name, address and ZIP code | |
| NICOLAS KELLY 258 S MAYFAIR PL CHICAGO HTS, IL 60411-1842 | |
| 15 State Employer's state ID no. | 16 State wages, tips, etc. |
| IL 000 | 93127.05 |
| 17 State income tax | 18 Local wages, tips, etc. |
| 4609.78 | |
| 19 Local income tax | 20 Locality name |
| | |
| IL State Reference Copy | |
| W-2 Wage and Tax Statement 2022 | |
| Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008 | |

| | |
|---|---|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld |
| 93127.05 | 15607.56 |
| 3 Social security wages | 4 Social security tax withheld |
| 93127.05 | 5773.88 |
| 5 Medicare wages and tips | 6 Medicare tax withheld |
| 93127.05 | 1350.34 |
| d Control number | Dept. |
| 000020 | R9/ITZ |
| c Employer's name, address, and ZIP code | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGE, IL 60475 | |
| b Employer's FED ID number | a Employee's SSA number |
| | XXX-XX-XXXX |
| 7 Social security tips | 8 Allocated tips |
| | |
| 9 | 10 Dependent care benefits |
| | |
| 11 Nonqualified plans | 12a |
| | |
| 14 Other | 12b |
| | 12c |
| | 12d |
| | 13 Stat emp. Ret. plan 3rd party sick pay |
| e/f Employee's name, address and ZIP code | |
| NICOLAS KELLY 258 S MAYFAIR PL CHICAGO HTS, IL 60411-1842 | |
| 15 State Employer's state ID no. | 16 State wages, tips, etc. |
| IL 000 | 93127.05 |
| 17 State income tax | 18 Local wages, tips, etc. |
| 4609.78 | |
| 19 Local income tax | 20 Locality name |
| | |
| IL State Filing Copy | |
| W-2 Wage and Tax Statement 2022 | |
| Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008 | |

| | | | | | |
|---|--|----------------------------|-------------------|------|--|
| Employee Reference Copy | | Wage and Tax Statement | | 2022 | |
| Copy C for employee's records. OMB No. 1545-0008 | | | | | |
| d Control number | Dept. | Corp. | Employer use only | | |
| 000021 R9/ITZ | | | A | 17 | |
| c Employer's name, address, and ZIP code | | | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGE, IL 60475 | | | | | |
| Batch #93346 | | | | | |
| e/f Employee's name, address, and ZIP code | | | | | |
| COLLIN ZARLENGO 9455 HENRY ST DYER, IN 46311 | | | | | |
| b Employer's FED ID number | a Employee's SSA number | | | | |
| | XXX-XX-XXXX | | | | |
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | | | |
| 88307.40 | 14644.38 | | | | |
| 3 Social security wages | 4 Social security tax withheld | | | | |
| 88307.40 | 5475.06 | | | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | | | |
| 88307.40 | 1280.46 | | | | |
| 7 Social security tips | 8 Allocated tips | | | | |
| | | | | | |
| 9 | 10 Dependent care benefits | | | | |
| | | | | | |
| 11 Nonqualified plans | 12a See instructions for box 12 | | | | |
| | | | | | |
| 14 Other | 12b | | | | |
| | 12c | | | | |
| | 12d | | | | |
| | 13 Stat emp Ret. plan 3rd party sick pay | | | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | | | |
| IL | 47-1346180 000 | 88307.40 | | | |
| 17 State income tax | 18 Local wages, tips, etc. | | | | |
| 4371.22 | | | | | |
| 19 Local income tax | 20 Locality name | | | | |
| | | | | | |

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

| | Wages, Tips, other Compensation Box 1 of W-2 | Social Security Wages Box 3 of W-2 | Medicare Wages Box 5 of W-2 | IL State Wages, Tips, Etc. Box 16 of W-2 |
|--------------------|---|---------------------------------------|--------------------------------|---|
| Gross Pay | 88,307.40 | 88,307.40 | 88,307.40 | 88,307.40 |
| Reported W-2 Wages | 88,307.40 | 88,307.40 | 88,307.40 | 88,307.40 |

2. Employee Name and Address.

COLLIN ZARLENGO
9455 HENRY ST
DYER, IN 46311

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| | | | |
|---|--|----------------------------|-------------------|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | |
| 88307.40 | 14644.38 | | |
| 3 Social security wages | 4 Social security tax withheld | | |
| 88307.40 | 5475.06 | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| 88307.40 | 1280.46 | | |
| d Control number | Dept. | Corp. | Employer use only |
| 000021 R9/ITZ | | | A 17 |
| c Employer's name, address, and ZIP code | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGE, IL 60475 | | | |
| b Employer's FED ID number | a Employee's SSA number | | |
| | XXX-XX-XXXX | | |
| 7 Social security tips | 8 Allocated tips | | |
| | | | |
| 9 | 10 Dependent care benefits | | |
| | | | |
| 11 Nonqualified plans | 12a See instructions for box 12 | | |
| | | | |
| 14 Other | 12b | | |
| | 12c | | |
| | 12d | | |
| | 13 Stat emp Ret. plan 3rd party sick pay | | |
| | | | |
| e/f Employee's name, address and ZIP code | | | |
| COLLIN ZARLENGO 9455 HENRY ST DYER, IN 46311 | | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | |
| IL | 47-1346180 000 | 88307.40 | |
| 17 State income tax | 18 Local wages, tips, etc. | | |
| 4371.22 | | | |
| 19 Local income tax | 20 Locality name | | |
| | | | |
| Federal Filing Copy | | | |
| W-2 Wage and Tax Statement 2022 | | | |
| Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008 | | | |

| | | | |
|---|--|----------------------------|-------------------|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | |
| 88307.40 | 14644.38 | | |
| 3 Social security wages | 4 Social security tax withheld | | |
| 88307.40 | 5475.06 | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| 88307.40 | 1280.46 | | |
| d Control number | Dept. | Corp. | Employer use only |
| 000021 R9/ITZ | | | A 17 |
| c Employer's name, address, and ZIP code | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGE, IL 60475 | | | |
| b Employer's FED ID number | a Employee's SSA number | | |
| | XXX-XX-XXXX | | |
| 7 Social security tips | 8 Allocated tips | | |
| | | | |
| 9 | 10 Dependent care benefits | | |
| | | | |
| 11 Nonqualified plans | 12a | | |
| | | | |
| 14 Other | 12b | | |
| | 12c | | |
| | 12d | | |
| | 13 Stat emp Ret. plan 3rd party sick pay | | |
| | | | |
| e/f Employee's name, address and ZIP code | | | |
| COLLIN ZARLENGO 9455 HENRY ST DYER, IN 46311 | | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | |
| IL | 47-1346180 000 | 88307.40 | |
| 17 State income tax | 18 Local wages, tips, etc. | | |
| 4371.22 | | | |
| 19 Local income tax | 20 Locality name | | |
| | | | |
| IL State Reference Copy | | | |
| W-2 Wage and Tax Statement 2022 | | | |
| Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008 | | | |

| | | | |
|---|--|----------------------------|-------------------|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | |
| 88307.40 | 14644.38 | | |
| 3 Social security wages | 4 Social security tax withheld | | |
| 88307.40 | 5475.06 | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| 88307.40 | 1280.46 | | |
| d Control number | Dept. | Corp. | Employer use only |
| 000021 R9/ITZ | | | A 17 |
| c Employer's name, address, and ZIP code | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGE, IL 60475 | | | |
| b Employer's FED ID number | a Employee's SSA number | | |
| | XXX-XX-XXXX | | |
| 7 Social security tips | 8 Allocated tips | | |
| | | | |
| 9 | 10 Dependent care benefits | | |
| | | | |
| 11 Nonqualified plans | 12a | | |
| | | | |
| 14 Other | 12b | | |
| | 12c | | |
| | 12d | | |
| | 13 Stat emp Ret. plan 3rd party sick pay | | |
| | | | |
| e/f Employee's name, address and ZIP code | | | |
| COLLIN ZARLENGO 9455 HENRY ST DYER, IN 46311 | | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | |
| IL | 47-1346180 000 | 88307.40 | |
| 17 State income tax | 18 Local wages, tips, etc. | | |
| 4371.22 | | | |
| 19 Local income tax | 20 Locality name | | |
| | | | |
| IL State Filing Copy | | | |
| W-2 Wage and Tax Statement 2022 | | | |
| Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008 | | | |

1:24-cv-06428

Plaintiffs' Local Rule
56.1 Statement

EXHIBIT 90

| | | | | | | | |
|---|--|----------------------------|-------------------|-------------------------------|--|-------------|--|
| Employee Reference Copy | | W-2 | | Wage and Tax Statement | | 2023 | |
| Copy C for employee's records. OMB No. 1545-0008 | | | | | | | |
| d Control number | Dept. | Corp. | Employer use only | | | | |
| 000001 R9/ITZ | | | A 3 | | | | |
| c Employer's name, address, and ZIP code | | | | | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGE, IL 60475 | | | | | | | |
| Batch #92057 | | | | | | | |
| e/f Employee's name, address, and ZIP code | | | | | | | |
| ANTHONY BRUTTI 7975 CATALPA ST DYER, IN 46311 | | | | | | | |
| b Employer's FED ID number | a Employee's SSA number | | | | | | |
| | XXX-XX-XXXX | | | | | | |
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | | | | | |
| 71031.76 | 7748.72 | | | | | | |
| 3 Social security wages | 4 Social security tax withheld | | | | | | |
| 66100.00 | 4098.20 | | | | | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | | | | | |
| 66100.00 | 958.45 | | | | | | |
| 7 Social security tips | 8 Allocated tips | | | | | | |
| | | | | | | | |
| 9 | 10 Dependent care benefits | | | | | | |
| | | | | | | | |
| 11 Nonqualified plans | 12a See instructions for box 12 | | | | | | |
| | | | | | | | |
| 14 Other | 12b | | | | | | |
| 4931.76 S-CORP | 12c | | | | | | |
| | 12d | | | | | | |
| | 13 Stat emp Ret. plan 3rd party sick pay | | | | | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | | | | | |
| IL | 000 | 71031.76 | | | | | |
| 17 State income tax | 18 Local wages, tips, etc. | | | | | | |
| 3146.44 | | | | | | | |
| 19 Local income tax | 20 Locality name | | | | | | |
| | | | | | | | |

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

| | Wages, Tips, other Compensation Box 1 of W-2 | Social Security Wages Box 3 of W-2 | Medicare Wages Box 5 of W-2 | IL State Wages, Tips, Etc. Box 16 of W-2 |
|--------------------------------|---|---------------------------------------|--------------------------------|---|
| Gross Pay | 66,100.00 | 66,100.00 | 66,100.00 | 66,100.00 |
| Plus S-Corp 2% Medical Premium | 4,931.76 | N/A | N/A | 4,931.76 |
| Reported W-2 Wages | 71,031.76 | 66,100.00 | 66,100.00 | 71,031.76 |

2. Employee Name and Address.

ANTHONY BRUTTI
7975 CATALPA ST
DYER, IN 46311

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PLAINTIFF'S
EXHIBIT

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| | | | |
|---|--|----------------------------|-------------------|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | |
| 71031.76 | 7748.72 | | |
| 3 Social security wages | 4 Social security tax withheld | | |
| 66100.00 | 4098.20 | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| 66100.00 | 958.45 | | |
| d Control number | Dept. | Corp. | Employer use only |
| 000001 R9/ITZ | | | A 3 |
| c Employer's name, address, and ZIP code | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGE, IL 60475 | | | |
| b Employer's FED ID number | a Employee's SSA number | | |
| | XXX-XX-XXXX | | |
| 7 Social security tips | 8 Allocated tips | | |
| | | | |
| 9 | 10 Dependent care benefits | | |
| | | | |
| 11 Nonqualified plans | 12a See instructions for box 12 | | |
| | | | |
| 14 Other | 12b | | |
| 4931.76 S-CORP | 12c | | |
| | 12d | | |
| | 13 Stat emp Ret. plan 3rd party sick pay | | |
| e/f Employee's name, address and ZIP code | | | |
| ANTHONY BRUTTI 7975 CATALPA ST DYER, IN 46311 | | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | |
| IL | 000 | 71031.76 | |
| 17 State income tax | 18 Local wages, tips, etc. | | |
| 3146.44 | | | |
| 19 Local income tax | 20 Locality name | | |
| | | | |
| Federal Filing Copy | | | |
| W-2 Wage and Tax 2023 | | | |
| Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008 | | | |

| | | | |
|---|--|----------------------------|-------------------|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | |
| 71031.76 | 7748.72 | | |
| 3 Social security wages | 4 Social security tax withheld | | |
| 66100.00 | 4098.20 | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| 66100.00 | 958.45 | | |
| d Control number | Dept. | Corp. | Employer use only |
| 000001 R9/ITZ | | | A 3 |
| c Employer's name, address, and ZIP code | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGE, IL 60475 | | | |
| b Employer's FED ID number | a Employee's SSA number | | |
| | XXX-XX-XXXX | | |
| 7 Social security tips | 8 Allocated tips | | |
| | | | |
| 9 | 10 Dependent care benefits | | |
| | | | |
| 11 Nonqualified plans | 12a | | |
| | | | |
| 14 Other | 12b | | |
| 4931.76 S-CORP | 12c | | |
| | 12d | | |
| | 13 Stat emp Ret. plan 3rd party sick pay | | |
| e/f Employee's name, address and ZIP code | | | |
| ANTHONY BRUTTI 7975 CATALPA ST DYER, IN 46311 | | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | |
| IL | 000 | 71031.76 | |
| 17 State income tax | 18 Local wages, tips, etc. | | |
| 3146.44 | | | |
| 19 Local income tax | 20 Locality name | | |
| | | | |
| IL State Reference Copy | | | |
| W-2 Wage and Tax 2023 | | | |
| Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008 | | | |

| | | | |
|---|--|----------------------------|-------------------|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | |
| 71031.76 | 7748.72 | | |
| 3 Social security wages | 4 Social security tax withheld | | |
| 66100.00 | 4098.20 | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| 66100.00 | 958.45 | | |
| d Control number | Dept. | Corp. | Employer use only |
| 000001 R9/ITZ | | | A 3 |
| c Employer's name, address, and ZIP code | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGE, IL 60475 | | | |
| b Employer's FED ID number | a Employee's SSA number | | |
| | XXX-XX-XXXX | | |
| 7 Social security tips | 8 Allocated tips | | |
| | | | |
| 9 | 10 Dependent care benefits | | |
| | | | |
| 11 Nonqualified plans | 12a | | |
| | | | |
| 14 Other | 12b | | |
| 4931.76 S-CORP | 12c | | |
| | 12d | | |
| | 13 Stat emp Ret. plan 3rd party sick pay | | |
| e/f Employee's name, address and ZIP code | | | |
| ANTHONY BRUTTI 7975 CATALPA ST DYER, IN 46311 | | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | |
| IL | 000 | 71031.76 | |
| 17 State income tax | 18 Local wages, tips, etc. | | |
| 3146.44 | | | |
| 19 Local income tax | 20 Locality name | | |
| | | | |
| IL State Filing Copy | | | |
| W-2 Wage and Tax 2023 | | | |
| Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008 | | | |

1:24-cv-06428

Plaintiffs' Local Rule
56.1 Statement

EXHIBIT 91

2023 W-2 and EARNINGS SUMMARY



| | | | | | |
|---|--|------------------------|-------------------|------|--|
| Employee Reference Copy | | Wage and Tax Statement | | 2023 | |
| OMB No. 1545-0008 | | | | | |
| Copy C for employee's records. | | | | | |
| d Control number | Dept. | Corp. | Employer use only | | |
| 000010 | R9/ITZ | | A | 1 | |
| c Employer's name, address, and ZIP code | | | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGEER, IL 60475 | | | | | |
| Batch #92057 | | | | | |
| e/f Employee's name, address, and ZIP code | | | | | |
| JOSE L AGUIRRE 6403 VAN BUREN AVE HAMMOND, IN 46324 | | | | | |
| b Employer's FED ID number | a Employee's SSA number | | | | |
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | | | |
| 100892.60 | 10358.36 | | | | |
| 3 Social security wages | 4 Social security tax withheld | | | | |
| 100892.60 | 6255.34 | | | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | | | |
| 100892.60 | 1462.94 | | | | |
| 7 Social security tips | 8 Allocated tips | | | | |
| 9 | 10 Dependent care benefits | | | | |
| 11 Nonqualified plans | 12a See instructions for box 12 | | | | |
| 14 Other | 12b | | | | |
| | 12c | | | | |
| | 12d | | | | |
| | 13 Stat emp Ret. plan 3rd party sick pay | | | | |
| 15 State Employer's state ID no. | 16 State wages, tips, etc. | | | | |
| IL 000 | 100892.60 | | | | |
| 17 State income tax | 18 Local wages, tips, etc. | | | | |
| 4994.17 | | | | | |
| 19 Local income tax | 20 Locality name | | | | |

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

| | Wages, Tips, other Compensation Box 1 of W-2 | Social Security Wages Box 3 of W-2 | Medicare Wages Box 5 of W-2 | IL State Wages, Tips, Etc. Box 16 of W-2 |
|--------------------|---|---------------------------------------|--------------------------------|---|
| Gross Pay | 100,892.60 | 100,892.60 | 100,892.60 | 100,892.60 |
| Reported W-2 Wages | 100,892.60 | 100,892.60 | 100,892.60 | 100,892.60 |

2. Employee Name and Address.

JOSE L AGUIRRE
6403 VAN BUREN AVE
HAMMOND, IN 46324

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| | | | |
|---|--|--------------------------------|-------------------|
| 1 Wages, tips, other comp. | | 2 Federal income tax withheld | |
| 100892.60 | | 10358.36 | |
| 3 Social security wages | | 4 Social security tax withheld | |
| 100892.60 | | 6255.34 | |
| 5 Medicare wages and tips | | 6 Medicare tax withheld | |
| 100892.60 | | 1462.94 | |
| d Control number | Dept. | Corp. | Employer use only |
| 000010 | R9/ITZ | | A 1 |
| c Employer's name, address, and ZIP code | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGEER, IL 60475 | | | |
| b Employer's FED ID number | a Employee's SSA number | | |
| | XXX-XX-XXXX | | |
| 7 Social security tips | 8 Allocated tips | | |
| 9 | 10 Dependent care benefits | | |
| 11 Nonqualified plans | 12a See instructions for box 12 | | |
| 14 Other | 12b | | |
| | 12c | | |
| | 12d | | |
| | 13 Stat emp Ret. plan 3rd party sick pay | | |
| e/f Employee's name, address and ZIP code | | | |
| JOSE L AGUIRRE 6403 VAN BUREN AVE HAMMOND, IN 46324 | | | |
| 15 State Employer's state ID no. | 16 State wages, tips, etc. | | |
| IL 000 | 100892.60 | | |
| 17 State income tax | 18 Local wages, tips, etc. | | |
| 4994.17 | | | |
| 19 Local income tax | 20 Locality name | | |

| | | | |
|---|--|--------------------------------|-------------------|
| 1 Wages, tips, other comp. | | 2 Federal income tax withheld | |
| 100892.60 | | 10358.36 | |
| 3 Social security wages | | 4 Social security tax withheld | |
| 100892.60 | | 6255.34 | |
| 5 Medicare wages and tips | | 6 Medicare tax withheld | |
| 100892.60 | | 1462.94 | |
| d Control number | Dept. | Corp. | Employer use only |
| 000010 | R9/ITZ | | A 1 |
| c Employer's name, address, and ZIP code | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGEER, IL 60475 | | | |
| b Employer's FED ID number | a Employee's SSA number | | |
| | XXX-XX-XXXX | | |
| 7 Social security tips | 8 Allocated tips | | |
| 9 | 10 Dependent care benefits | | |
| 11 Nonqualified plans | 12a | | |
| 14 Other | 12b | | |
| | 12c | | |
| | 12d | | |
| | 13 Stat emp Ret. plan 3rd party sick pay | | |
| e/f Employee's name, address and ZIP code | | | |
| JOSE L AGUIRRE 6403 VAN BUREN AVE HAMMOND, IN 46324 | | | |
| 15 State Employer's state ID no. | 16 State wages, tips, etc. | | |
| IL 000 | 100892.60 | | |
| 17 State income tax | 18 Local wages, tips, etc. | | |
| 4994.17 | | | |
| 19 Local income tax | 20 Locality name | | |

| | | | |
|---|--|--------------------------------|-------------------|
| 1 Wages, tips, other comp. | | 2 Federal income tax withheld | |
| 100892.60 | | 10358.36 | |
| 3 Social security wages | | 4 Social security tax withheld | |
| 100892.60 | | 6255.34 | |
| 5 Medicare wages and tips | | 6 Medicare tax withheld | |
| 100892.60 | | 1462.94 | |
| d Control number | Dept. | Corp. | Employer use only |
| 000010 | R9/ITZ | | A 1 |
| c Employer's name, address, and ZIP code | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGEER, IL 60475 | | | |
| b Employer's FED ID number | a Employee's SSA number | | |
| | XXX-XX-XXXX | | |
| 7 Social security tips | 8 Allocated tips | | |
| 9 | 10 Dependent care benefits | | |
| 11 Nonqualified plans | 12a | | |
| 14 Other | 12b | | |
| | 12c | | |
| | 12d | | |
| | 13 Stat emp Ret. plan 3rd party sick pay | | |
| e/f Employee's name, address and ZIP code | | | |
| JOSE L AGUIRRE 6403 VAN BUREN AVE HAMMOND, IN 46324 | | | |
| 15 State Employer's state ID no. | 16 State wages, tips, etc. | | |
| IL 000 | 100892.60 | | |
| 17 State income tax | 18 Local wages, tips, etc. | | |
| 4994.17 | | | |
| 19 Local income tax | 20 Locality name | | |

PLAINTIFF'S
EXHIBIT

263

| | | | | | |
|---|--|------------------------|--|------|--|
| Federal Filing Copy | | Wage and Tax Statement | | 2023 | |
| OMB No. 1545-0008 | | | | | |
| Copy B to be filed with employee's Federal Income Tax Return. | | | | | |

| | | | | | |
|---|--|------------------------|--|------|--|
| IL State Reference Copy | | Wage and Tax Statement | | 2023 | |
| OMB No. 1545-0008 | | | | | |
| Copy 2 to be filed with employee's State Income Tax Return. | | | | | |

| | | | | | |
|---|--|------------------------|--|------|--|
| IL State Filing Copy | | Wage and Tax Statement | | 2023 | |
| OMB No. 1545-0008 | | | | | |
| Copy 2 to be filed with employee's State Income Tax Return. | | | | | |

| | | | | | |
|---|--|---------------------------------|-------|----------------------------|--|
| Employee Reference Copy | | Wage and Tax Statement | | 2023 | |
| Copy C for employee's records. OMB No. 1545-0008 | | | | | |
| d Control number | | Dept. | Corp. | Employer use only | |
| 000003 R9/ITZ | | | | A 6 | |
| c Employer's name, address, and ZIP code | | | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGE, IL 60475 | | | | | |
| Batch #92057 | | | | | |
| e/f Employee's name, address, and ZIP code | | | | | |
| DAVID GREEN 14240 MORSE ST CEDAR LAKE, IN 46303 | | | | | |
| b Employer's FED ID number | | a Employee's SSA number | | | |
| [REDACTED] | | XXX-XX-XXXX | | | |
| 1 Wages, tips, other comp. | | 2 Federal income tax withheld | | | |
| 98661.38 | | 15999.08 | | | |
| 3 Social security wages | | 4 Social security tax withheld | | | |
| 98661.38 | | 6117.01 | | | |
| 5 Medicare wages and tips | | 6 Medicare tax withheld | | | |
| 98661.38 | | 1430.59 | | | |
| 7 Social security tips | | 8 Allocated tips | | | |
| 9 | | 10 Dependent care benefits | | | |
| 11 Nonqualified plans | | 12a See instructions for box 12 | | | |
| 14 Other | | 12b | | | |
| | | 12c | | | |
| | | 12d | | | |
| 13 Stat emp. | | Ret. plan | | 3rd party sick pay | |
| 15 State | | Employer's state ID no. | | 16 State wages, tips, etc. | |
| IL [REDACTED] | | 000 | | 98661.38 | |
| 17 State income tax | | 18 Local wages, tips, etc. | | | |
| 4883.73 | | | | | |
| 19 Local income tax | | 20 Locality name | | | |
| | | | | | |

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

| | Wages, Tips, other Compensation Box 1 of W-2 | Social Security Wages Box 3 of W-2 | Medicare Wages Box 5 of W-2 | IL State Wages, Tips, Etc. Box 16 of W-2 |
|--------------------|---|---------------------------------------|--------------------------------|---|
| Gross Pay | 98,661.38 | 98,661.38 | 98,661.38 | 98,661.38 |
| Reported W-2 Wages | 98,661.38 | 98,661.38 | 98,661.38 | 98,661.38 |

2. Employee Name and Address.

DAVID GREEN
14240 MORSE ST
CEDAR LAKE, IN 46303

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| | | | |
|---|-------|---------------------------------|-------------------|
| 1 Wages, tips, other comp. | | 2 Federal income tax withheld | |
| 98661.38 | | 15999.08 | |
| 3 Social security wages | | 4 Social security tax withheld | |
| 98661.38 | | 6117.01 | |
| 5 Medicare wages and tips | | 6 Medicare tax withheld | |
| 98661.38 | | 1430.59 | |
| d Control number | Dept. | Corp. | Employer use only |
| 000003 R9/ITZ | | | A 6 |
| c Employer's name, address, and ZIP code | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGE, IL 60475 | | | |
| b Employer's FED ID number | | a Employee's SSA number | |
| [REDACTED] | | XXX-XX-XXXX | |
| 7 Social security tips | | 8 Allocated tips | |
| 9 | | 10 Dependent care benefits | |
| 11 Nonqualified plans | | 12a See instructions for box 12 | |
| 14 Other | | 12b | |
| | | 12c | |
| | | 12d | |
| 13 Stat emp. | | Ret. plan 3rd party sick pay | |
| e/f Employee's name, address and ZIP code | | | |
| DAVID GREEN 14240 MORSE ST CEDAR LAKE, IN 46303 | | | |
| 15 State | | Employer's state ID no. | |
| IL [REDACTED] | | 000 | |
| 17 State income tax | | 18 Local wages, tips, etc. | |
| 4883.73 | | | |
| 19 Local income tax | | 20 Locality name | |
| | | | |
| Federal Filing Copy | | | |
| W-2 Wage and Tax Statement | | 2023 | |
| Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008 | | | |

| | | | |
|---|-------|--------------------------------|-------------------|
| 1 Wages, tips, other comp. | | 2 Federal income tax withheld | |
| 98661.38 | | 15999.08 | |
| 3 Social security wages | | 4 Social security tax withheld | |
| 98661.38 | | 6117.01 | |
| 5 Medicare wages and tips | | 6 Medicare tax withheld | |
| 98661.38 | | 1430.59 | |
| d Control number | Dept. | Corp. | Employer use only |
| 000003 R9/ITZ | | | A 6 |
| c Employer's name, address, and ZIP code | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGE, IL 60475 | | | |
| b Employer's FED ID number | | a Employee's SSA number | |
| [REDACTED] | | XXX-XX-XXXX | |
| 7 Social security tips | | 8 Allocated tips | |
| 9 | | 10 Dependent care benefits | |
| 11 Nonqualified plans | | 12a | |
| 14 Other | | 12b | |
| | | 12c | |
| | | 12d | |
| 13 Stat emp. | | Ret. plan 3rd party sick pay | |
| e/f Employee's name, address and ZIP code | | | |
| DAVID GREEN 14240 MORSE ST CEDAR LAKE, IN 46303 | | | |
| 15 State | | Employer's state ID no. | |
| IL [REDACTED] | | 000 | |
| 17 State income tax | | 18 Local wages, tips, etc. | |
| 4883.73 | | | |
| 19 Local income tax | | 20 Locality name | |
| | | | |
| IL State Reference Copy | | | |
| W-2 Wage and Tax Statement | | 2023 | |
| Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008 | | | |

| | | | |
|---|-------|--------------------------------|-------------------|
| 1 Wages, tips, other comp. | | 2 Federal income tax withheld | |
| 98661.38 | | 15999.08 | |
| 3 Social security wages | | 4 Social security tax withheld | |
| 98661.38 | | 6117.01 | |
| 5 Medicare wages and tips | | 6 Medicare tax withheld | |
| 98661.38 | | 1430.59 | |
| d Control number | Dept. | Corp. | Employer use only |
| 000003 R9/ITZ | | | A 6 |
| c Employer's name, address, and ZIP code | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGE, IL 60475 | | | |
| b Employer's FED ID number | | a Employee's SSA number | |
| [REDACTED] | | XXX-XX-XXXX | |
| 7 Social security tips | | 8 Allocated tips | |
| 9 | | 10 Dependent care benefits | |
| 11 Nonqualified plans | | 12a | |
| 14 Other | | 12b | |
| | | 12c | |
| | | 12d | |
| 13 Stat emp. | | Ret. plan 3rd party sick pay | |
| e/f Employee's name, address and ZIP code | | | |
| DAVID GREEN 14240 MORSE ST CEDAR LAKE, IN 46303 | | | |
| 15 State | | Employer's state ID no. | |
| IL [REDACTED] | | 000 | |
| 17 State income tax | | 18 Local wages, tips, etc. | |
| 4883.73 | | | |
| 19 Local income tax | | 20 Locality name | |
| | | | |
| IL State Filing Copy | | | |
| W-2 Wage and Tax Statement | | 2023 | |
| Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008 | | | |

| | | | | | |
|--|-------------------------|--|-------|-------------------|--|
| Employee Reference Copy | | Wage and Tax Statement | | 2023 | |
| Copy C for employee's records. OMB No. 1545-0008 | | | | | |
| d Control number | | Dept. | Corp. | Employer use only | |
| 000040 R9/ITZ | | | | A 7 | |
| c Employer's name, address, and ZIP code | | | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGER, IL 60475 | | | | | |
| Batch #92057 | | | | | |
| e/f Employee's name, address, and ZIP code | | | | | |
| ERIC C JANSMA 15142 WOOD FARM ROAD PLAINFIELD, IL 60544 | | | | | |
| b Employer's FED ID number | | a Employee's SSA number | | | |
| [REDACTED] | | XXX-XX-[REDACTED] | | | |
| 1 Wages, tips, other comp. | | 2 Federal income tax withheld | | | |
| 93901.02 | | 13547.39 | | | |
| 3 Social security wages | | 4 Social security tax withheld | | | |
| 93901.02 | | 5821.86 | | | |
| 5 Medicare wages and tips | | 6 Medicare tax withheld | | | |
| 93901.02 | | 1361.56 | | | |
| 7 Social security tips | | 8 Allocated tips | | | |
| 9 | | 10 Dependent care benefits | | | |
| 11 Nonqualified plans | | 12a See instructions for box 12 | | | |
| 14 Other | | 12b 12c 12d 13 Stat emp. Ret. plan 3rd party sick pay | | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | | | |
| IL | [REDACTED] 000 | 93901.02 | | | |
| 17 State income tax | | 18 Local wages, tips, etc. | | | |
| 4648.06 | | | | | |
| 19 Local income tax | | 20 Locality name | | | |

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

| | Wages, Tips, other Compensation Box 1 of W-2 | Social Security Wages Box 3 of W-2 | Medicare Wages Box 5 of W-2 | IL State Wages, Tips, Etc. Box 16 of W-2 |
|--------------------|---|---------------------------------------|--------------------------------|---|
| Gross Pay | 93,901.02 | 93,901.02 | 93,901.02 | 93,901.02 |
| Reported W-2 Wages | 93,901.02 | 93,901.02 | 93,901.02 | 93,901.02 |

2. Employee Name and Address.

ERIC C JANSMA
15142 WOOD FARM ROAD
PLAINFIELD, IL 60544

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| | | | |
|---|-------------------------|--|-------------------|
| 1 Wages, tips, other comp. | | 2 Federal income tax withheld | |
| 93901.02 | | 13547.39 | |
| 3 Social security wages | | 4 Social security tax withheld | |
| 93901.02 | | 5821.86 | |
| 5 Medicare wages and tips | | 6 Medicare tax withheld | |
| 93901.02 | | 1361.56 | |
| d Control number | Dept. | Corp. | Employer use only |
| 000040 R9/ITZ | | | A 7 |
| c Employer's name, address, and ZIP code | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGER, IL 60475 | | | |
| b Employer's FED ID number | | a Employee's SSA number | |
| [REDACTED] | | XXX-XX-[REDACTED] | |
| 7 Social security tips | | 8 Allocated tips | |
| 9 | | 10 Dependent care benefits | |
| 11 Nonqualified plans | | 12a See instructions for box 12 | |
| 14 Other | | 12b 12c 12d 13 Stat emp. Ret. plan 3rd party sick pay | |
| e/f Employee's name, address and ZIP code | | | |
| ERIC C JANSMA 15142 WOOD FARM ROAD PLAINFIELD, IL 60544 | | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | |
| IL | [REDACTED] 000 | 93901.02 | |
| 17 State income tax | | 18 Local wages, tips, etc. | |
| 4648.06 | | | |
| 19 Local income tax | | 20 Locality name | |
| Federal Filing Copy | | | |
| W-2 Wage and Tax Statement | | 2023 | |
| Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008 | | | |

| | | | |
|---|-------------------------|--|-------------------|
| 1 Wages, tips, other comp. | | 2 Federal income tax withheld | |
| 93901.02 | | 13547.39 | |
| 3 Social security wages | | 4 Social security tax withheld | |
| 93901.02 | | 5821.86 | |
| 5 Medicare wages and tips | | 6 Medicare tax withheld | |
| 93901.02 | | 1361.56 | |
| d Control number | Dept. | Corp. | Employer use only |
| 000040 R9/ITZ | | | A 7 |
| c Employer's name, address, and ZIP code | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGER, IL 60475 | | | |
| b Employer's FED ID number | | a Employee's SSA number | |
| [REDACTED] | | XXX-XX-[REDACTED] | |
| 7 Social security tips | | 8 Allocated tips | |
| 9 | | 10 Dependent care benefits | |
| 11 Nonqualified plans | | 12a See instructions for box 12 | |
| 14 Other | | 12b 12c 12d 13 Stat emp. Ret. plan 3rd party sick pay | |
| e/f Employee's name, address and ZIP code | | | |
| ERIC C JANSMA 15142 WOOD FARM ROAD PLAINFIELD, IL 60544 | | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | |
| IL | [REDACTED] 000 | 93901.02 | |
| 17 State income tax | | 18 Local wages, tips, etc. | |
| 4648.06 | | | |
| 19 Local income tax | | 20 Locality name | |
| IL State Reference Copy | | | |
| W-2 Wage and Tax Statement | | 2023 | |
| Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008 | | | |

| | | | |
|---|-------------------------|--|-------------------|
| 1 Wages, tips, other comp. | | 2 Federal income tax withheld | |
| 93901.02 | | 13547.39 | |
| 3 Social security wages | | 4 Social security tax withheld | |
| 93901.02 | | 5821.86 | |
| 5 Medicare wages and tips | | 6 Medicare tax withheld | |
| 93901.02 | | 1361.56 | |
| d Control number | Dept. | Corp. | Employer use only |
| 000040 R9/ITZ | | | A 7 |
| c Employer's name, address, and ZIP code | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGER, IL 60475 | | | |
| b Employer's FED ID number | | a Employee's SSA number | |
| [REDACTED] | | XXX-XX-[REDACTED] | |
| 7 Social security tips | | 8 Allocated tips | |
| 9 | | 10 Dependent care benefits | |
| 11 Nonqualified plans | | 12a See instructions for box 12 | |
| 14 Other | | 12b 12c 12d 13 Stat emp. Ret. plan 3rd party sick pay | |
| e/f Employee's name, address and ZIP code | | | |
| ERIC C JANSMA 15142 WOOD FARM ROAD PLAINFIELD, IL 60544 | | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | |
| IL | [REDACTED] 000 | 93901.02 | |
| 17 State income tax | | 18 Local wages, tips, etc. | |
| 4648.06 | | | |
| 19 Local income tax | | 20 Locality name | |
| IL State Filing Copy | | | |
| W-2 Wage and Tax Statement | | 2023 | |
| Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008 | | | |

| | | | | | |
|---|--|---------------------------------|-------|----------------------------|--|
| Employee Reference Copy | | Wage and Tax Statement | | 2023 | |
| Copy C for employee's records. OMB No. 1545-0008 | | | | | |
| d Control number | | Dept. | Corp. | Employer use only | |
| 000020 R9/ITZ | | | | A 8 | |
| c Employer's name, address, and ZIP code | | | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGE, IL 60475 | | | | | |
| Batch #92057 | | | | | |
| e/f Employee's name, address, and ZIP code | | | | | |
| NICOLAS KELLY 258 S MAYFAIR PL CHICAGO HTS, IL 60411-1842 | | | | | |
| b Employer's FED ID number | | a Employee's SSA number | | | |
| 1 | | 2 | | | |
| Wages, tips, other comp. | | Federal income tax withheld | | | |
| 96111.72 | | 15538.54 | | | |
| 3 Social security wages | | 4 Social security tax withheld | | | |
| 96111.72 | | 5958.93 | | | |
| 5 Medicare wages and tips | | 6 Medicare tax withheld | | | |
| 96111.72 | | 1393.62 | | | |
| 7 Social security tips | | 8 Allocated tips | | | |
| 9 | | 10 Dependent care benefits | | | |
| 11 Nonqualified plans | | 12a See instructions for box 12 | | | |
| 14 Other | | 12b | | | |
| | | 12c | | | |
| | | 12d | | | |
| 13 Stat emp. | | Ret. plan | | 3rd party sick pay | |
| 15 State | | Employer's state ID no. | | 16 State wages, tips, etc. | |
| IL | | 000 | | 96111.72 | |
| 17 State income tax | | 18 Local wages, tips, etc. | | | |
| 4757.51 | | | | | |
| 19 Local income tax | | 20 Locality name | | | |

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

| | Wages, Tips, other Compensation Box 1 of W-2 | Social Security Wages Box 3 of W-2 | Medicare Wages Box 5 of W-2 | IL State Wages, Tips, Etc. Box 16 of W-2 |
|--------------------|---|---------------------------------------|--------------------------------|---|
| Gross Pay | 96,111.72 | 96,111.72 | 96,111.72 | 96,111.72 |
| Reported W-2 Wages | 96,111.72 | 96,111.72 | 96,111.72 | 96,111.72 |

2. Employee Name and Address.

NICOLAS KELLY
258 S MAYFAIR PL
CHICAGO HTS, IL 60411-1842

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| | | | |
|---|-------|---------------------------------|-------------------|
| 1 Wages, tips, other comp. | | 2 Federal income tax withheld | |
| 96111.72 | | 15538.54 | |
| 3 Social security wages | | 4 Social security tax withheld | |
| 96111.72 | | 5958.93 | |
| 5 Medicare wages and tips | | 6 Medicare tax withheld | |
| 96111.72 | | 1393.62 | |
| d Control number | Dept. | Corp. | Employer use only |
| 000020 R9/ITZ | | | A 8 |
| c Employer's name, address, and ZIP code | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGE, IL 60475 | | | |
| b Employer's FED ID number | | a Employee's SSA number | |
| 1 | | 2 | |
| Social security tips | | Allocated tips | |
| 9 | | 10 Dependent care benefits | |
| 11 Nonqualified plans | | 12a See instructions for box 12 | |
| 14 Other | | 12b | |
| | | 12c | |
| | | 12d | |
| 13 Stat emp. | | Ret. plan 3rd party sick pay | |
| e/f Employee's name, address and ZIP code | | | |
| NICOLAS KELLY 258 S MAYFAIR PL CHICAGO HTS, IL 60411-1842 | | | |
| 15 State | | Employer's state ID no. | |
| IL | | 000 | |
| 17 State income tax | | 18 Local wages, tips, etc. | |
| 4757.51 | | | |
| 19 Local income tax | | 20 Locality name | |

Federal Filing Copy
W-2 Wage and Tax Statement
Copy B to be filed with employee's Federal Income Tax Return.

| | | | |
|---|-------|--------------------------------|-------------------|
| 1 Wages, tips, other comp. | | 2 Federal income tax withheld | |
| 96111.72 | | 15538.54 | |
| 3 Social security wages | | 4 Social security tax withheld | |
| 96111.72 | | 5958.93 | |
| 5 Medicare wages and tips | | 6 Medicare tax withheld | |
| 96111.72 | | 1393.62 | |
| d Control number | Dept. | Corp. | Employer use only |
| 000020 R9/ITZ | | | A 8 |
| c Employer's name, address, and ZIP code | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGE, IL 60475 | | | |
| b Employer's FED ID number | | a Employee's SSA number | |
| 1 | | 2 | |
| Social security tips | | Allocated tips | |
| 9 | | 10 Dependent care benefits | |
| 11 Nonqualified plans | | 12a | |
| 14 Other | | 12b | |
| | | 12c | |
| | | 12d | |
| 13 Stat emp. | | Ret. plan 3rd party sick pay | |
| e/f Employee's name, address and ZIP code | | | |
| NICOLAS KELLY 258 S MAYFAIR PL CHICAGO HTS, IL 60411-1842 | | | |
| 15 State | | Employer's state ID no. | |
| IL | | 000 | |
| 17 State income tax | | 18 Local wages, tips, etc. | |
| 4757.51 | | | |
| 19 Local income tax | | 20 Locality name | |

IL State Reference Copy
W-2 Wage and Tax Statement
Copy 2 to be filed with employee's State Income Tax Return.

| | | | |
|---|-------|--------------------------------|-------------------|
| 1 Wages, tips, other comp. | | 2 Federal income tax withheld | |
| 96111.72 | | 15538.54 | |
| 3 Social security wages | | 4 Social security tax withheld | |
| 96111.72 | | 5958.93 | |
| 5 Medicare wages and tips | | 6 Medicare tax withheld | |
| 96111.72 | | 1393.62 | |
| d Control number | Dept. | Corp. | Employer use only |
| 000020 R9/ITZ | | | A 8 |
| c Employer's name, address, and ZIP code | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGE, IL 60475 | | | |
| b Employer's FED ID number | | a Employee's SSA number | |
| 1 | | 2 | |
| Social security tips | | Allocated tips | |
| 9 | | 10 Dependent care benefits | |
| 11 Nonqualified plans | | 12a | |
| 14 Other | | 12b | |
| | | 12c | |
| | | 12d | |
| 13 Stat emp. | | Ret. plan 3rd party sick pay | |
| e/f Employee's name, address and ZIP code | | | |
| NICOLAS KELLY 258 S MAYFAIR PL CHICAGO HTS, IL 60411-1842 | | | |
| 15 State | | Employer's state ID no. | |
| IL | | 000 | |
| 17 State income tax | | 18 Local wages, tips, etc. | |
| 4757.51 | | | |
| 19 Local income tax | | 20 Locality name | |

IL State Filing Copy
W-2 Wage and Tax Statement
Copy 2 to be filed with employee's State Income Tax Return.

| | | | | | |
|---|-------------------------|---------------------------------|-------|--------------------|--|
| Employee Reference Copy | | Wage and Tax Statement | | 2023 | |
| Copy C for employee's records. OMB No. 1545-0008 | | | | | |
| d Control number | | Dept. | Corp. | Employer use only | |
| 000021 R9/ITZ | | | | A 15 | |
| c Employer's name, address, and ZIP code | | | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGE, IL 60475 | | | | | |
| Batch #92057 | | | | | |
| e/f Employee's name, address, and ZIP code | | | | | |
| COLLIN ZARLENGO 9455 HENRY ST DYER, IN 46311 | | | | | |
| b Employer's FED ID number | | a Employee's SSA number | | | |
| [REDACTED] | | XXX-XX-XXXX | | | |
| 1 Wages, tips, other comp. | | 2 Federal income tax withheld | | | |
| 93227.25 | | 14939.13 | | | |
| 3 Social security wages | | 4 Social security tax withheld | | | |
| 93227.25 | | 5780.09 | | | |
| 5 Medicare wages and tips | | 6 Medicare tax withheld | | | |
| 93227.25 | | 1351.80 | | | |
| 7 Social security tips | | 8 Allocated tips | | | |
| 9 | | 10 Dependent care benefits | | | |
| 11 Nonqualified plans | | 12a See instructions for box 12 | | | |
| 14 Other | | 12b | | | |
| | | 12c | | | |
| | | 12d | | | |
| 13 Stat emp | | Ret. plan | | 3rd party sick pay | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | | | |
| IL | [REDACTED] 000 | 93227.25 | | | |
| 17 State income tax | | 18 Local wages, tips, etc. | | | |
| 4614.78 | | | | | |
| 19 Local income tax | | 20 Locality name | | | |
| | | | | | |

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

| | Wages, Tips, other Compensation Box 1 of W-2 | Social Security Wages Box 3 of W-2 | Medicare Wages Box 5 of W-2 | IL State Wages, Tips, Etc. Box 16 of W-2 |
|--------------------|---|---------------------------------------|--------------------------------|---|
| Gross Pay | 93,227.25 | 93,227.25 | 93,227.25 | 93,227.25 |
| Reported W-2 Wages | 93,227.25 | 93,227.25 | 93,227.25 | 93,227.25 |

2. Employee Name and Address.

COLLIN ZARLENGO
9455 HENRY ST
DYER, IN 46311

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| | | | |
|---|-------------------------|---------------------------------|-------------------|
| 1 Wages, tips, other comp. | | 2 Federal income tax withheld | |
| 93227.25 | | 14939.13 | |
| 3 Social security wages | | 4 Social security tax withheld | |
| 93227.25 | | 5780.09 | |
| 5 Medicare wages and tips | | 6 Medicare tax withheld | |
| 93227.25 | | 1351.80 | |
| d Control number | Dept. | Corp. | Employer use only |
| 000021 R9/ITZ | | | A 15 |
| c Employer's name, address, and ZIP code | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGE, IL 60475 | | | |
| b Employer's FED ID number | | a Employee's SSA number | |
| [REDACTED] | | XXX-XX-XXXX | |
| 7 Social security tips | | 8 Allocated tips | |
| 9 | | 10 Dependent care benefits | |
| 11 Nonqualified plans | | 12a See instructions for box 12 | |
| 14 Other | | 12b | |
| | | 12c | |
| | | 12d | |
| 13 Stat emp | | Ret. plan 3rd party sick pay | |
| e/f Employee's name, address and ZIP code | | | |
| COLLIN ZARLENGO 9455 HENRY ST DYER, IN 46311 | | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | |
| IL | [REDACTED] 000 | 93227.25 | |
| 17 State income tax | | 18 Local wages, tips, etc. | |
| 4614.78 | | | |
| 19 Local income tax | | 20 Locality name | |
| | | | |
| Federal Filing Copy | | | |
| W-2 Wage and Tax Statement | | 2023 | |
| Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008 | | | |

| | | | |
|---|-------------------------|--------------------------------|-------------------|
| 1 Wages, tips, other comp. | | 2 Federal income tax withheld | |
| 93227.25 | | 14939.13 | |
| 3 Social security wages | | 4 Social security tax withheld | |
| 93227.25 | | 5780.09 | |
| 5 Medicare wages and tips | | 6 Medicare tax withheld | |
| 93227.25 | | 1351.80 | |
| d Control number | Dept. | Corp. | Employer use only |
| 000021 R9/ITZ | | | A 15 |
| c Employer's name, address, and ZIP code | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGE, IL 60475 | | | |
| b Employer's FED ID number | | a Employee's SSA number | |
| [REDACTED] | | XXX-XX-XXXX | |
| 7 Social security tips | | 8 Allocated tips | |
| 9 | | 10 Dependent care benefits | |
| 11 Nonqualified plans | | 12a | |
| 14 Other | | 12b | |
| | | 12c | |
| | | 12d | |
| 13 Stat emp | | Ret. plan 3rd party sick pay | |
| e/f Employee's name, address and ZIP code | | | |
| COLLIN ZARLENGO 9455 HENRY ST DYER, IN 46311 | | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | |
| IL | [REDACTED] 000 | 93227.25 | |
| 17 State income tax | | 18 Local wages, tips, etc. | |
| 4614.78 | | | |
| 19 Local income tax | | 20 Locality name | |
| | | | |
| IL State Reference Copy | | | |
| W-2 Wage and Tax Statement | | 2023 | |
| Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008 | | | |

| | | | |
|---|-------------------------|--------------------------------|-------------------|
| 1 Wages, tips, other comp. | | 2 Federal income tax withheld | |
| 93227.25 | | 14939.13 | |
| 3 Social security wages | | 4 Social security tax withheld | |
| 93227.25 | | 5780.09 | |
| 5 Medicare wages and tips | | 6 Medicare tax withheld | |
| 93227.25 | | 1351.80 | |
| d Control number | Dept. | Corp. | Employer use only |
| 000021 R9/ITZ | | | A 15 |
| c Employer's name, address, and ZIP code | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGE, IL 60475 | | | |
| b Employer's FED ID number | | a Employee's SSA number | |
| [REDACTED] | | XXX-XX-XXXX | |
| 7 Social security tips | | 8 Allocated tips | |
| 9 | | 10 Dependent care benefits | |
| 11 Nonqualified plans | | 12a | |
| 14 Other | | 12b | |
| | | 12c | |
| | | 12d | |
| 13 Stat emp | | Ret. plan 3rd party sick pay | |
| e/f Employee's name, address and ZIP code | | | |
| COLLIN ZARLENGO 9455 HENRY ST DYER, IN 46311 | | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | |
| IL | [REDACTED] 000 | 93227.25 | |
| 17 State income tax | | 18 Local wages, tips, etc. | |
| 4614.78 | | | |
| 19 Local income tax | | 20 Locality name | |
| | | | |
| IL State Filing Copy | | | |
| W-2 Wage and Tax Statement | | 2023 | |
| Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008 | | | |

1:24-cv-06428

Plaintiffs' Local Rule
56.1 Statement

EXHIBIT 92

Employee Reference Copy
W-2 Wage and Tax Statement 2020
OMB No. 1545-0047

Copy C for employee's records

| | | | |
|--|----------------------|----------------------|---------------------------------------|
| <small>d. Control number</small> R9/ITZ | <small>Dept.</small> | <small>Corp.</small> | <small>Employer use only</small> A |
| | | | 6 |

c. Employer's name, address, and ZIP code
DOCK & DOOR INSTALL INC
27 E 36TH PLACE
STEGER, IL 60475

Batch [REDACTED]

e. Employee's name, address, and ZIP code
DAVID GREEN
14240 MORSE ST
CEDAR LAKE, IN 46303

| | |
|--|--|
| <small>b. Employee's EIN</small> [REDACTED] | <small>a. Employee's SSA number</small> XXX-XX-[REDACTED] |
|--|--|

| | |
|--|---|
| <small>1. Wages, tips, other comp.</small> 93228.18 | <small>2. Federal income tax withheld</small> 15591.39 |
| <small>3. Social security wages</small> 93228.18 | <small>4. Social security tax withheld</small> 5780.15 |
| <small>5. Medicare wages and tips</small> 93228.18 | <small>6. Medicare tax withheld</small> 1351.81 |
| <small>7. Social security tips</small> | <small>8. Allocated tips</small> |
| <small>9. [REDACTED]</small> | <small>10. Dependent care benefits</small> |
| <small>11. Nonqualified plans</small> | <small>12a. See instructions for box 12</small> |
| <small>14. Other</small> | <small>12b.</small> |
| | <small>12c.</small> |
| | <small>12d.</small> |
| | <small>13. Stat emp. Ret. plan 3rd party sick pay</small> |
| <small>15. State (Employer's state ID no.) IL [REDACTED] 000</small> | <small>16. State wages, tips, etc. 93228.18</small> |
| <small>17. State income tax 4614.83</small> | <small>18. Local wages, tips, etc.</small> |
| <small>19. Local income tax</small> | <small>20. Locality name</small> |

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

| | Wages, Tips, other Compensation Box 1 of W-2 | Social Security Wages Box 3 of W-2 | Medicare Wages Box 5 of W-2 | IL State Wages, Tips, Etc. Box 16 of W-2 |
|--------------------|---|---------------------------------------|--------------------------------|---|
| Gross Pay | 93,228.18 | 93,228.18 | 93,228.18 | 93,228.18 |
| Reported W-2 Wages | 93,228.18 | 93,228.18 | 93,228.18 | 93,228.18 |

2. Employee Name and Address.

DAVID GREEN
14240 MORSE ST
CEDAR LAKE, IN 46303

Employee Reference Copy
W-2 Wage and Tax Statement 2021
 OMB No. 1545-0047

Copy C for employee's records.

| | | | |
|-------------------|-------|-------|-------------------|
| d. Control number | Dept. | Corp. | Employer use only |
| R9/ITZ | | | A 5 |

c. Employee's name, address, and ZIP code
DOCK & DOOR INSTALL INC
27 E 36TH PLACE
STEGER, IL 60475

Batch [REDACTED]

e/f. Employee's name, address, and ZIP code
DAVID GREEN
14240 MORSE ST
CEDAR LAKE, IN 46303

| | |
|-------------------|-------------------|
| b. Employee's EIN | a. Employee's SSN |
| [REDACTED] | XXX-XX-XXXX |

| | |
|-----------------------------|----------------------------------|
| 1. Wages, tips, other comp. | 2. Federal income tax withheld |
| 70654.94 | 10999.04 |
| 3. Social security wages | 4. Social security tax withheld |
| 70654.94 | 4380.61 |
| 5. Medicare wages and tips | 6. Medicare tax withheld |
| 70654.94 | 1024.50 |
| 7. Social security tips | 8. Allocated tips |
| 9. | 10. Dependent care benefits |
| 11. Nonqualified plans | 12a. See instructions for box 12 |
| 14. Other | 12b. |
| | 12c. |
| | 12d. |
| | 13. See instructions for box 13 |
| 15. State income tax | 16. State wages, tips, etc. |
| 3497.38 | 70654.94 |
| 17. Local income tax | 18. Local wages, tips, etc. |
| | 19. Locality name |

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

| | Wages, Tips, other Compensation Box 1 of W-2 | Social Security Wages Box 3 of W-2 | Medicare Wages Box 5 of W-2 | IL State Wages, Tips, Etc. Box 16 of W-2 |
|--------------------|---|---------------------------------------|--------------------------------|---|
| Gross Pay | 70,654.94 | 70,654.94 | 70,654.94 | 70,654.94 |
| Reported W-2 Wages | 70,654.94 | 70,654.94 | 70,654.94 | 70,654.94 |

2. Employee Name and Address.

DAVID GREEN
14240 MORSE ST
CEDAR LAKE, IN 46303

Employee Reference Copy
W-2 Wage and Tax Statement 2022
 Copy C for employee's records. Form No. 1040-0008

| | | | |
|------------------|-------|-------|--------------------------|
| number R9/ITZ | Dept. | Corp. | Employer use only A 6 |
|------------------|-------|-------|--------------------------|

c. Employer's name, address, and ZIP code
DOCK & DOOR INSTALL INC
27 E 36TH PLACE
STEGE, IL 60475

Batch # [REDACTED]

ef. Employee's name, address, and ZIP code
DAVID GREEN
14240 MORSE ST
CEDAR LAKE, IN 46303

| | |
|---|---|
| b. Employee's FID ID number [REDACTED] | a. Employee's SSA number XXX-XX-XXXX |
| 1 Wages, tips, other comp. 104170.15 | 2 Federal income tax withheld 17887.98 |
| 3 Social security wages 104170.15 | 4 Social security tax withheld 6458.55 |
| 5 Medicare wages and tips 104170.15 | 6 Medicare tax withheld 1510.47 |
| 7 Social security tips | 8 Allocated tips |
| 9 | 10 Dependent care benefits |
| 11 Nonqualified plans | 12a See instructions for box 12 |
| 14 Other | 12b |
| | 12c |
| | 12d |
| | 13 Stat emp. Ret. plan Ind party sick pay |
| 15 State income tax ID no. IL 000 | 16 State wages, tips, etc. 104170.15 |
| 17 State income tax 5156.36 | 18 Local wages, tips, etc. |
| 19 Local income tax | 20 Locality name |

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

| | Wages, Tips, other Compensation Box 1 of W-2 | Social Security Wages Box 3 of W-2 | Medicare Wages Box 5 of W-2 | IL State Wages, Tips, Etc. Box 16 of W-2 |
|--------------------|---|---------------------------------------|--------------------------------|---|
| Gross Pay | 104,170.15 | 104,170.15 | 104,170.15 | 104,170.15 |
| Reported W-2 Wages | 104,170.15 | 104,170.15 | 104,170.15 | 104,170.15 |

2. Employee Name and Address.

DAVID GREEN
14240 MORSE ST
CEDAR LAKE, IN 46303

Employee Reference Copy
W-2 Wage and Tax Statement 2023
 Copy C for employee's records
 Form No. 1042-0000

| | | | |
|----------------|-------|-------|-------------------|
| Control number | Dept. | Corp. | Employer use only |
| RG/ITZ | | | A 6 |

c Employer's name, address, and ZIP code
DOCK & DOOR INSTALL INC
27 E 36TH PLACE
STEGER, IL 60475

Batch [REDACTED]

e/f Employee's name, address, and ZIP code
DAVID GREEN
14240 MORSE ST
CEDAR LAKE, IN 46303

| | |
|----------------------------|-------------------------|
| b Employer's FED ID number | a Employee's SSN number |
| [REDACTED] | XXX-XX-[REDACTED] |

| | |
|----------------------------|---|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld |
| 98661.38 | 15999.08 |
| 3 Social security wages | 4 Social security tax withheld |
| 98661.38 | 6117.01 |
| 5 Medicare wages and tips | 6 Medicare tax withheld |
| 98661.38 | 1430.59 |
| 7 Social security tips | 8 Allocated tips |
| | |
| 9 Dependent care benefits | 10 Dependent care benefits |
| | |
| 11 Nonqualified plans | 12a See instructions for box 12 |
| | 12b |
| 14 Other | 12c |
| | 12d |
| | 13 Stat emp./Ret. plan/3rd party sick pay |
| | |
| 15 State income tax ID no. | 16 State wages, tips, etc. |
| IL 000 | 98661.38 |
| 17 State income tax | 18 Local wages, tips, etc. |
| 4883.73 | |
| 19 Local income tax | 20 Locality name |
| | |

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

| | Wages, Tips, other Compensation Box 1 of W-2 | Social Security Wages Box 3 of W-2 | Medicare Wages Box 5 of W-2 | IL State Wages, Tips, Etc. Box 16 of W-2 |
|--------------------|---|---------------------------------------|--------------------------------|---|
| Gross Pay | 98,661.38 | 98,661.38 | 98,661.38 | 98,661.38 |
| Reported W-2 Wages | 98,661.38 | 98,661.38 | 98,661.38 | 98,661.38 |

2. Employee Name and Address.

DAVID GREEN
14240 MORSE ST
CEDAR LAKE, IN 46303



| Employee Reference Copy | | | |
|--|---|-------|-------------------|
| W-2 Wage and Tax Statement | | 2024 | |
| OMB No. 1545-0008 | | | |
| d Control number | Dept. | Corp. | Employer use only |
| ██████████ R9/ITZ | | | A 4 |
| c Employer's name, address, and ZIP code | | | |
| DOCK & DOOR INSTALL INC 27 E 36TH PLACE STEGER, IL 60475 | | | |
| Batch ██████████ | | | |
| e/f Employee's name, address, and ZIP code | | | |
| DAVID GREEN 14240 MORSE ST CEDAR LAKE, IN 46303 | | | |
| b Employer's FED ID number | a Employee's SSA number | | |
| ██████████ | XXX-XX-██████████ | | |
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | |
| 92243.80 | 14612.63 | | |
| 3 Social security wages | 4 Social security tax withheld | | |
| 92243.80 | 5719.12 | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| 92243.80 | 1337.54 | | |
| 7 Social security tips | 8 Allocated tips | | |
| 9 | 10 Dependent care benefits | | |
| 11 Nonqualified plans | 12a See instructions for box 12 | | |
| 14 Other | 12b | | |
| 1253.21 UNION | 12c | | |
| | 12d | | |
| | 13 Stat emp. Ret. plan 3rd party sick pay | | |
| 15 State Employer's state ID no. | 16 State wages, tips, etc. | | |
| IL ██████████ 000 | 92243.80 | | |
| 17 State income tax | 18 Local wages, tips, etc. | | |
| 4566.06 | | | |
| 19 Local income tax | 20 Locality name | | |
| | | | |

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

| | Wages, Tips, other Compensation Box 1 of W-2 | Social Security Wages Box 3 of W-2 | Medicare Wages Box 5 of W-2 | IL. State Wages, Tips, Etc. Box 16 of W-2 |
|--------------------|--|--|-----------------------------------|---|
| Gross Pay | 92,243.80 | 92,243.80 | 92,243.80 | 92,243.80 |
| Reported W-2 Wages | 92,243.80 | 92,243.80 | 92,243.80 | 92,243.80 |

2. Employee Name and Address.

DAVID GREEN
14240 MORSE ST
CEDAR LAKE, IN 46303

1:24-cv-06428

Plaintiffs' Local Rule
56.1 Statement

EXHIBIT 93

AC

THE BLUE BOOK Building & Construction NETWORK

Building Solutions That Connect The Industry.

www.thebluebook.com

BUSINESS BUILDER CONTRACT

P.O. Box 500, Jefferson Valley, NY 10535

800-922-9962 Fax: 914-245-0932

ACCOUNT MANAGER

087 Dana Samardzich ✓

P-122493

ACCOUNT#

01273905

STATUS

2012/2013 ✓

Midwest Dock Solutions

9455 Henry St.

Dyer, IN 46311

Contact: Tony Zarlengo, Owner

Ship Books: CH 2

Tel#: 219-365-1487

Tel 2#: 708-921-8950

Fax#: 219-365-1496

CONTRACT TERM:

☒ 2 YEAR: 2012 - 2013 ✓

☐ _____

ProView Gold (2C) CH

Loading Dock Equipment

\$266.00 ✓

Bold Listing CH

Doors--Overhead Type

✓

Super Bold CH

A to Z Alphabetical Section

✓

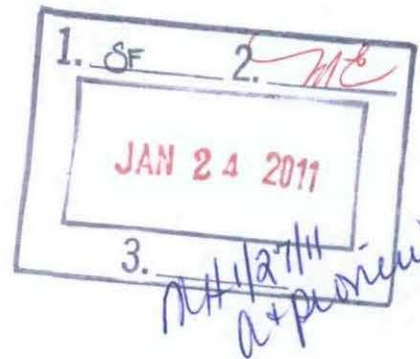
Monthly Total:

\$266.00 ✓

C: 730,266,134,73

Midwest Dock Solutions Proposal #0122493 Printed On: 01/12/2011

Continue



otherwise using The Blue Book's printed or online directory.

| ACCOUNT MANAGER | ACCOUNT# | STATUS |
|------------------------|----------|--------------------|
| Midwest Dock Solutions | P-122492 | 01273905 2012/2013 |

PAYMENT AUTHORIZATION

MONTHLY PAYMENT OPTION (Current payments end: 08/11)

Monthly Amount \$ 246.00 In Effect From 9,11 To 8,13 ✓

ANNUAL PAYMENT PLAN

Deposit Required: _____

Balance Due 01/2012: _____

Balance Due 01/2013: _____

☒ EFT (Electronic Funds Transfer) Authorization Agreement. I (we) hereby authorize Contractors Register, Inc. through its bank, The Chase Manhattan Bank, N.A., to initiate debit entries electronically through my (our) checking account. ✓



* Signature _____

Date 1-12-11

Authorized By (Please Print) _____

Title Owner

Desired EMAIL for receipt of your Blue Book order confirmation: _____

zarlengo07@aol.com same

IF YOU REQUIRE ANY ASSISTANCE, CALL OUR CUSTOMER SERVICE DEPT. AT 800-922-9962.

TERMS AND CONDITIONS

1. Contract Conditions

- Subject to these terms and conditions, all contracts are non-cancelable prior to the expiration of their term.**
- Past Due Accounts: Material Breach of Obligations:** All past due accounts will be charged 1½% interest per month on outstanding balances. Customer is responsible for all costs and fees incurred by The Blue Book in the collection of outstanding balances. The Blue Book reserves the right to 1) suspend internet exposure and project leads, 2) terminate any contract in which amounts owed to The Blue Book are more than sixty (60) days past due and 3) terminate any contract in which the customer has otherwise materially breached its obligations to The Blue Book, as determined by The Blue Book, in its sole discretion.

2. Prepayment & Payment Terms (Annual)

- Contracts:** A non-refundable deposit is required on the total amount of all orders. Balance will be billed at the beginning of the publication year(s).
- Payment Terms:** Are net upon receipt of invoice (January).

3. Contract & Copy Regulations

All orders are subject to acceptance by The Blue Book, P.O. Box 500, Jefferson Valley, NY 10535-0500. Any terms provided in such orders that conflict with these terms and conditions contained herein shall be deemed null and void and not binding on The Blue Book unless otherwise expressly agreed to in writing by The Blue Book. Additional terms and conditions, including limitation of liability, indemnification and other significant terms and conditions applicable to this contract and to use of the website, are posted on The Blue Book's website at www.thebluebook.com. Such terms and conditions may be amended or supplemented by The Blue Book from time to time by posting any such amendment or supplement on The Blue Book's website at www.thebluebook.com, and such terms and conditions, as so amended from time to time, are hereby incorporated herein by this reference.

4. Proof Policy

Proofs will be sent on orders received before October 1st.

5. Bid Information

All information provided by The Blue Book, The Blue Book Building and Construction Network, or their respective affiliates, including without limitation, all bid and project lead information, is the proprietary, confidential and valuable trade secret information of The Blue Book and/or its suppliers. Such proprietary information may only be used by customers of The Blue Book for the sole purpose of bidding on specific construction projects. Further distribution, transfer or dissemination of such proprietary information to any third party, directly or indirectly, and the use of such proprietary information, directly or indirectly, for the purpose, including to compete with any products or services of The Blue Book or its affiliates, as a basis for providing project leads in any product or service disseminated to any third party, providing data or competitive information to any provider of competitive products or services or otherwise, is strictly prohibited, would be a violation of the proprietary rights of The Blue Book and would constitute a material breach of this contract.

6. Fax and E-Mail Communication

You have supplied The Blue Book with your fax number and email address. You hereby agree that your fax number and email address may be published in The Blue Book and/or otherwise made publicly available by The Blue Book. You expressly consent to receive fax and email communications, including transactional documents and advertisements, from The Blue Book, and companies advertising with, listed in, or

THE BLUE BOOK Building & Construction
NETWORK

ProView
Your Connection to the Industry. **Worksheet**

Print

Close

**MIDWEST DOCK
SOLUTIONS**

Universal ProView URL:

MidwestDockSolutions.thebluebook.com

Company Information

Midwest Dock Solutions

9455 Henry St.
Dyer IN 46311
Tel#: 219-365-1487 708-921-8950
Fax#: 219-365-1496
Contact: Mr. Tony Zarlengo

Year Established: 2006

Types of Projects: Public and Private

Typical Project Size: \$100 to \$100,000

Labor Affiliation: Union

Email: zarlengo07@aol.com

Website: <http://www.midwestdocksolutions.com>

Geographical Areas Served:

- Illinois - Chicagoland Area
- Northwestern Indiana

Recent Projects Completed:

- **Principle Construction - Bailly Ridge**
Monee, Illinois **Dollar Value:** \$110,000 **Completion:** 10/08
- **Vanco Construction - Calumet Carlton**
South Holland, Illinois **Dollar Value:** \$70,000 **Completion:** 02/09

Brands / Products / Services (circle brands for which you are a certified installer/applicator):

~~Overhead Doors~~

Blue Giant

Custom Applications, Dock Bumpers, Dock Equipment, Dock Levelers, Dock Locks, Dock Seals, Dock Shelters, New Installations, Operators, Steel Canopies, Strip Doors, Truck Restraints, Welding & Fabrication

ProView Image Gallery:

A. ☐ Program size does not qualify ☒ Qualifies for up to 10 images ☐ Qualifies for unlimited images

B. ☐ Image Gallery is OK as is

☐ Blue Book Service to design Image Gallery from customer's website and email to customer for approval

☐ Blue Book Service to call* customer to collaborate on Image Gallery design

☒ * Name _____ Phone # _____

☒ Customer will submit photos/pics/images. Please indicate a "title" for each image and preferably a brief description of 50 words or less.

☐ Images are attached ☒ Images will be emailed to proview@thebluebook.com

Please attach any specific instructions for your gallery.

ProView Data Last Updated: 01/03/11

ProView is correct

Please make changes

Acct#: X01273905.00S

Signature: _____ Title: *OW Men* Date: 01/12/11

The Blue Book reserves the right to modify information given to conform to ProView format.

1:24-cv-06428

Plaintiffs' Local Rule
56.1 Statement

EXHIBIT 94

Midwest Dock Solutions - Steger

https://www.thebluebook.com/iProView/383724/midwest-dock-solutions/material-suppliers/

THE BLUE BOOK Join Sign In

Join Our Network Of Over 1.2 Million Construction Professionals.

Home Chicago, N.W. Indiana Loading Dock Equipment

Midwest Dock Solutions
Steger, IL 60475

Phone Alt Phone Website

Company Info
Est. 2006

Pre-Qual

Home Contact Us Portfolio Qualifications

People Also View These

Rolling Steel Doors, Grilles & Shutters New York-New York City, Long Island, Westchester, Hudson Valley & Capital District

OGD Equipment Co. Fort Worth TX
OGD Equipment provides solutions for Owners, Property Managers, Facility Managers, General Contractors, Developers, Architects, & all Equipment needs. Why OGD? Subcontractors...

Best Roll-Up Door, Inc. Manufacturing Santa Fe Springs CA
Lic: 634609
BEST ROLL-UP DOOR, INC. was founded in 1978. Since then, we have been in the business of manufacturing, installing and providing a full line of innovative high quality aluminum...

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Project Experience
Union Public Private New Projects
Alterations/Renovations
Interior Fit-Ups
Projects From \$100 to \$100,000

Gallery

Our Story
Midwest Dock Solutions specializes in the service, supply & installation of loading dock equipment and overhead doors. We pride ourselves on giving the customer not only excellent service but doing it at an affordable price. We also offer a free quote on...

PLAINTIFF'S
EXHIBIT

105

Midwest Dock Solutions - Stege
+

https://www.thebluebook.com/iProView/383724/midwest-dock-solutions/material-suppliers/#...

Our Story

Midwest Dock Solutions specializes in the service, supply & installation of loading dock equipment and overhead doors. We pride ourselves on giving the customer not only excellent service but doing it at an affordable price. We also offer a free quote or consultation on any new project. Our sales staff and service professionals are dedicated to giving you an experience that you won't forget. Come experience the difference of Midwest Dock Solutions.

[View Less](#)

What We Do

✓ **Loading Dock Equipment**

- ▶ Custom Applications
- ▶ Dock
- ▶ Dock Equipment
- ▶ Dock Levelers/Doors
- ▶ Dock Locks
- ▶ Dock Seals
- ▶ Dock Shelters
- ▶ New Installations
- ▶ Operators
- ▶ Steel Canopies
- ▶ Strip Doors
- ▶ Truck Restraints
- ▶ Welding & Fabrication

[View Less](#)

- > **Overhead Doors**
- > **Rolling Steel Doors, Grilles & Shutters**

Commercial Experience

Misc Project

Animal Hospital / Kennel Arena / Stadium Assisted Living Auto Dealership / Service Bank Church / Synagogue City / Town Hall Club House / Community Center Court House Design Build Fire / Police Station Fitness Center Gas Station Hospital / Nursing Home Hotel / Motel Industrial Maintenance Jail / Prison Laboratory Library Manufacturing Plant Medical Office Mixed Use Museum Non-Residential Building Parking Garage Post Office Radio / Television Station Restaurant Retail Store School / College / University Sewage / Water Treatment Plant Storage Facility / Warehouse Terminal - Airport / Bus / Railroad Theater

Midwest Dock Solutions - Stege

https://www.thebluebook.com/iProView/383724/midwest-dock-solutions/material-suppliers/#...

Commercial Experience

Misc Project

Animal Hospital / Kennel Arena / Stadium Assisted Living Auto Dealership / Service Bank Church / Synagogue City / Town Hall Club House / Community Center Court House Design Build Fire / Police Station Fitness Center Gas Station Hospital / Nursing Home Hotel / Motel Industrial Maintenance Jail / Prison Laboratory Library Manufacturing Plant Medical Office Mixed Use Museum Non-Residential Building Parking Garage Post Office Radio / Television Station Restaurant Retail Store School / College / University Sewage / Water Treatment Plant Storage Facility / Warehouse Terminal - Airport / Bus / Railroad Theater

[View Less](#)

Regions & Counties Serviced

Chicago, N.W. Indiana

Illinois 6

 Cook Dupage Kane Lake McHenry Will

Indiana 5

 Jasper La Porte Lake Newton Porter


Our CSI Codes

> 08 00 00 - Openings


> 11 00 00 - Equipment

[View Less](#)


Preferred Brands




BLUE GIANT
Blue Giant Loading Dock
Equipment



C.H.I.
C.H.I. Overhead Doors



Clopay
Clopay Garage Doors




CORNELL
SAFE AND SECURE
Cornell Iron Works


Midwest Dock Solutions - Steger

https://www.thebluebook.com/iProView/383724/midwest-dock-solutions/material-suppliers/#...


Preferred Brands




Blue Giant
Blue Giant Loading Dock
Equipment




C.H.I.
C.H.I. Overhead Doors




Clopay
Clopay Garage Doors




CORNELL
SAFE AND SECURE
Cornell Iron Works




Hormann Flexon



LiftMaster
LiftMaster



RAYNOR
Raynor



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888-720-1710





Contact

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| Business Types: | Solutions: | About: | Resources: |
|--------------------------------|-------------------------|----------------|-------------------|
| Architects & Engineers | The Blue Book | About Dodge | Newsletter Signup |
| Building Product Manufacturers | DCC | Executive Team | FAQs |
| General Contractors | Dodge Advisory Services | Careers | Market Coverage |
| Service Providers | IMS | | Testimonials |
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| Suppliers & Distributors | Business Intelligence | | Construction News |
| | | | Partnerships |

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Midwest Dock Solutions - Steger

https://www.thebluebook.com/iProView/383724/midwest-dock-solutions/material-suppli...

Request Qualifications

From:

First and Last Name

Company Name

Email

Phone

optional

Fax

☒ Please give this contact information to **Midwest Dock Solutions** when sending the message.

I would like to request the following information be added/sent to me from Midwest Dock Solutions:

| | |
|--|---|
| <input type="checkbox"/> More info about your company. | <input type="checkbox"/> Your Diversity Classifications. |
| <input type="checkbox"/> Information about a product or service. | <input type="checkbox"/> Your CSI Codes. |
| <input type="checkbox"/> Your project(s). | <input type="checkbox"/> Your testimonials and ratings. |
| <input type="checkbox"/> Your license(s). | <input type="checkbox"/> Your insurance. |
| <input type="checkbox"/> Your bonding information. | <input type="checkbox"/> Your certifications. |
| <input type="checkbox"/> Your safety record and training. | <input type="checkbox"/> More images or a specific type of image. |
| <input type="checkbox"/> Your financial references. | <input type="checkbox"/> Your preferred brands. |

Do you have any other special instructions, requests or details?

protected by reCAPTCHA

Privacy - Terms

Cancel Send

Our Story

Midwest Dock Solutions specializes in the service, supply & installation of loading dock equipment and overhead doors. We pride ourselves on giving the customer not only excellent service but doing it at an affordable price. We also offer a free quote or

Midwest Dock Solutions - Location

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e.g. Electrical Contracti

Ashburn, VA

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Home Chicago, N.W. Indiana Loading Dock Equipment

Midwest Dock Solutions
Steger, IL 60475

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Alt Phone

Website

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Locations

Midwest Dock Solutions
27 E. 36th Pl. Steger, IL 60475

(708) 367-0801 (708) 367-0802

(708) 921-8950

Website

Unknown User

Main Location

Key Contacts

Owners, Principals & Senior Executives

Tony Zarlengo
(708) 367-0801
(708) 367-0802

Tony Zarlengo
Owner
(708) 921-8950
(219) 365-1496

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Business Types:
Architects & Engineers

About:
About Dodge

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(708) 921-8950
Website



Unknown User

Main Location

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

- About Dodge
- Executive Team
- Careers


Resources:

- Newsletter Signup
- FAQs
- Market Coverage
- Testimonials
- Resources
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Construction Projects




Completed - Jan 2013

Toyota - Installation of 24 Truck Restraints & Rainguard Headers

Misc Project Alsip,

General Contractor
Not Provided



Completed - Dec 2012

Nampac - Installation of 13 Overhead Doors, Operators & Bug Screen Doors

Misc Project Valpanaiso,

General Contractor
Not Provided

By Status

☒ In-Progress ☐ Completed

Sort


Default

Rating - Highest to Lowest

Date - Newest to Oldest

Structure Types

[Misc Project](#) 2



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Headquarters:

Completed - Jan 2013

Toyota - Installation of 24 Truck Restraints & Rainguard Headers

Misc Project Alsip,

General Contractor
Not Provided

Completed - Dec 2012

Nampac - Installation of 13 Overhead Doors, Operators & Bug Screen Doors

Misc Project Valpanaiso,

General Contractor
Not Provided

By Status

☒ In-Progress ☐ Completed

Sort

Default

Rating - Highest to Lowest

Date - Newest to Oldest

Structure Types

[Misc Project](#) 2

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Toyota - Installation of 24 Truck F... x

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e.g. Electrical Contract... x

Ashburn, VA x

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Featured Project [← Return to Projects List](#)

Misc Project

Toyota - Installation of 24 Truck Restraints & Rainguard Headers



Project Information

| | |
|--------------------------|----------------------|
| Project Location: | Alsip |
| Approx Contract: | \$110,000 |
| Status: | Completed - Jan 2013 |
| Structure Type: | Misc Project |

References

| | |
|----------------------------|--------------|
| Owner: | Not Provided |
| Architect: | Not Provided |
| General Contractor: | Not Provided |

Scope Of Work

Not Provided

DODGE CONSTRUCTION **DCC**

Business Types:

About:

Toyota - Installation of 24 Truck P...

https://www.thebluebook.com/iProView/383724/midwest-dock-solutions/material-s...

Status: Completed - Jan 2013

Structure Type: Misc Project

References

Owner: Not Provided

Architect: Not Provided

General Contractor: Not Provided

Scope Of Work

Not Provided

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Featured Project [← Return to Projects List](#)

Misc Project

Nampac - Installation of 13 Overhead Doors, Operators & Bug Screen Doors



Project Information

| | |
|-------------------|----------------------|
| Project Location: | Valpanaiso |
| Approx Contract: | \$75,000 |
| Status: | Completed - Dec 2012 |
| Structure Type: | Misc Project |

References

| | |
|---------------------|--------------|
| Owner: | Not Provided |
| Architect: | Not Provided |
| General Contractor: | Not Provided |

Scope Of Work
Not Provided

DODGE CONSTRUCTION **DCC** **Business Types:** **About:**

Nampac - Installation of 13 Overl x

https://www.thebluebook.com/iProView/383724/midwest-dock-solutions/material-s...

Status: Completed - Dec 2012

Structure Type: Misc Project

References

Owner: Not Provided

Architect: Not Provided

General Contractor: Not Provided

Scope Of Work

Not Provided

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
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Qualifications

Our Insurance Coverage


Esser Hayes Insurance Group

| Policy Type | Amount | Expiration Date |
|-----------------------------------|-------------|--|
| General Liability | \$2,000,000 | Mar 2017  |
| Worker's Compensation | \$1,000,000 | Mar 2017  |
| Auto Liability | \$1,000,000 | May 2017  |
| Umbrella | \$6,000,000 | Mar 2017  |



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Esser Hayes Insurance Group

| Policy Type | Amount | Expiration Date |
|-----------------------|-------------|-----------------|
| General Liability | \$2,000,000 | Mar 2017 🚩 |
| Worker's Compensation | \$1,000,000 | Mar 2017 🚩 |
| Auto Liability | \$1,000,000 | May 2017 🚩 |
| Umbrella | \$6,000,000 | Mar 2017 🚩 |



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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/10/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Esser Hayes Insurance Group
1811 High Grove, Suite 139
Naperville IL 60540-9100

CONTACT NAME
PHONE 630-355-2077 FAX 630-355-7996
E-MAIL
ADDRESS

INSURER(S) AFFORDING COVERAGE NAIC #

INSURER A Cincinnati Insurance Company 10677

INSURER B Cincinnati Casualty Company 28665

INSURER C

INSURER D

INSURER E

INSURED MIDWE11
Midwest Dock Solutions
3211 Holman Ave
South Chicago Heights IL 60411-5515

COVERAGES

CERTIFICATE NUMBER: 424080768

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LINE | TYPE OF INSURANCE | ADOL SUBB PROD. WVD | POLICY NUMBER | POLICY EFF DATE (MM/DD/YYYY) | POLICY EXP DATE (MM/DD/YYYY) | LIMITS |
|--------------|---|------------------------|---------------|---------------------------------|---------------------------------|--|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | ENPD314304 | 3/13/2016 | 3/13/2017 | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Per occurrence) MED EXP (Any one person) PERSONAL & ADJ INJURY GENERAL AGGREGATE PRODUCTS - CONVEYOR AGG. |
| | GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER | | | | | \$1,000,000 \$500,000 \$10,000 \$1,000,000 \$2,000,000 \$ |
| A | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRE/AUTOS | | ERAD314304 | 3/13/2016 | 3/13/2017 | COMBINED SINGLE LIMIT (Per occurrence) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) |
| | <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | | | \$1,000,000 \$ \$ \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | ENPD314304 | 3/13/2016 | 3/13/2017 | EACH OCCURRENCE AGGREGATE |
| | DED <input checked="" type="checkbox"/> RETENTION \$ TO \$100,000 | | | | | \$18,000,000 \$ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N Y N/A | LWC0314305 | 3/13/2016 | 3/13/2017 | X PER STATUTE E.L. EACH ACCIDENT E.L. DISEASE (EA EMPLOYEE) E.L. DISEASE - POLICY LIMIT |
| | Y N/A | | | | | \$1,000,000 \$1,000,000 \$1,000,000 |
| A | Loaned/Rented Equipment Spec Form ACV | | ENPD314304 | 3/13/2016 | 3/13/2017 | Limit: 25,000 Deductible: 750 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101. Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

SPECIMEN CERTIFICATE

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Richard W. Kelly

ACORD 25 (2014/01)

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THIS CERTIFICATE SUPERSEDES PREVIOUSLY ISSUED CERTIFICATE

1:24-cv-06428

Plaintiffs' Local Rule
56.1 Statement

EXHIBIT 95

| | | |
|------------------------|-----------------|------------------|
| ACCOUNT MANAGER | P-916105 | ACCOUNT # |
| 087 David Flores | | 01273905 |

| | | | |
|--|--|----------|---|
| Midwest Dock Solutions 27 E. 36th Pl. Steger, IL 60475 Contact: Tony Zarlengo, Owner ProView URL: MidwestDockSolutions.thebluebook.com Email: Tony@midwestdocksolutions.com Website: http://www.midwestdocksolutions.com | Tel#: 708-367-0801 Fax#: 708-367-0802 | A | Commitment Term: <input checked="" type="radio"/> 34-Month (24X) <input type="radio"/> _____ Aug 2021 – Jul 2023 |
|--|--|----------|---|

| | | | |
|---|----------|---|--|
| Silver Position | CH | Overhead Doors | \$177.00 |
| Bronze Position | CH | Loading Dock Equipment | \$93.00 |
| Bronze Position | CH | Rolling Steel Doors, Grilles & Shutters | \$93.00 |
| <hr style="border-top: 1px dashed black;"/> | | | |
| Premium ProView | A | Loc-0 | \$40.00 |
| | | | <hr style="width: 100px; margin-left: auto;"/> |
| Subtotal: | | | \$403.00 _____ |
| Multi-Unit Discount 5% | | | -20.15 _____ |
| Monthly Total: | | | \$382.85 _____ |
| A: 770,355,177,93 | | | |

PROGRAM AUTHORIZATION

Your monthly payments in the amount of \$382.85 will begin in August 2021 for a period of 24 months and will be debited from your checking account ending in [REDACTED]

Your Name: Tony Zarlengo

Title: Owner

Signature:



Date: 04/14/2021 at 3:24:00 pm

Confirmation Email: Tony@midwestdocksolutions.com

☒ I have read and agree to the Terms and Conditions outlined below.

IF YOU NEED ANY ASSISTANCE, PLEASE CALL OUR CUSTOMER SUCCESS TEAM AT 888-303-2243.

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1. Programs begin when the contract is signed and are non-cancelable prior to the expiration date of their term.
2. The Blue Book reserves the right to suspend online network exposure and project leads for customers with outstanding balances over sixty (60) days past due.
3. All project lead and bid information is proprietary and confidential information owned by The Blue Book and may only be used by direct customers of The Blue Book. Further distribution of such proprietary information to any third party is strictly prohibited and would constitute a material breach of this contract.
4. You agree that your email and/or fax number may be published in The Blue Book network. You expressly consent to receive email and/or fax communications, including transactional documents and advertisements, from The Blue Book and companies advertising, listed in, or otherwise using The Blue Book's online or print products.

1:24-cv-06428

Plaintiffs' Local Rule
56.1 Statement

EXHIBIT 96

From: ira@midwestdocksolutions.com
To: Zack Adkins
Subject: Re: [EXTERNAL] North American Paper, OH Doors.
Date: Friday, May 1, 2020 4:42:19 PM

Hi Zack,
Yes thats correct, we are union.
Thanks,

Ira Sugar

Midwest Dock Solutions

[708.367.0801](tel:708.367.0801) – Office

[708.280.2642](tel:708.280.2642) – Cell

www.midwestdocksolutions.com

----- Original message -----

From: Zack Adkins <ZAdkins@pepperconstruction.com>
Date: 5/1/20 4:33 PM (GMT-06:00)
To: Ira Sugar <ira@midwestdocksolutions.com>
Subject: Re: [EXTERNAL] North American Paper, OH Doors.

Ira - union install correct?

Zack Adkins
Senior Project Manager
Pepper Construction Company
411 Lake Zurich Road, Barrington, IL 60010
T 847.620.4191
M 630.699.6179

From: Ira Sugar <ira@midwestdocksolutions.com>
Sent: Friday, May 1, 2020 3:40:22 PM
To: Zack Adkins <ZAdkins@pepperconstruction.com>
Subject: RE: [EXTERNAL] North American Paper, OH Doors.

Hi Zack,
Please find attached the sell sheet for the doors proposed. Let me know if you have any questions.
Thank you,

Ira Sugar
Midwest Dock Solutions
[708.367.0801](tel:708.367.0801) – Office



[708.280.2642](tel:708.280.2642) – Cell

From: Zack Adkins <ZAdkins@pepperconstruction.com>
Sent: Friday, May 1, 2020 3:04 PM
To: ira@midwestdocksolutions.com
Subject: Re: [EXTERNAL] North American Paper, OH Doors.

Ira - sounds good. Can you please send me the brochure info on the doors you're proposing?

Zack Adkins
Senior Project Manager
Pepper Construction Company
411 Lake Zurich Road, Barrington, IL 60010
T 847.620.4191
M 630.699.6179

From: ira@midwestdocksolutions.com <ira@midwestdocksolutions.com>
Sent: Friday, May 1, 2020 12:39:15 PM
To: Zack Adkins <ZAdkins@pepperconstruction.com>
Subject: RE: [EXTERNAL] North American Paper, OH Doors.

Hi Zack,

Yes, quote is still good as long as doors are installing this year.

Please contact me at your convenience if I may be of assistance.

Thank you,

Ira Sugar

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[708.280.2642](tel:708.280.2642) – Cell

www.midwestdocksolutions.com

----- Original message -----

From: Zack Adkins <ZAdkins@pepperconstruction.com>
Date: 5/1/20 12:27 PM (GMT-06:00)
To: Ira Sugar <ira@midwestdocksolutions.com>
Subject: RE: [EXTERNAL] North American Paper, OH Doors.

Ira

This proposal still good? Pepper is reviewing and awarding trades (finally released).

Zack Adkins

Senior Project Manager

Pepper Construction Company

411 Lake Zurich Road, Barrington, IL 60010

T 847.620.4191

M 630.699.6179

[Click here to read Pepper's 2019 Annual Review.](#)

From: Ira Sugar <ira@midwestdocksolutions.com>

Sent: Monday, November 4, 2019 2:53 PM

To: Zack Adkins <ZAdkins@pepperconstruction.com>

Subject: [EXTERNAL] North American Paper, OH Doors.

Hi Zack,

Please find attached my proposal for the OH doors.

Please contact me at your convenience if I may be of assistance.

Thank you,

Ira Sugar

Midwest Dock Solutions

[708.367.0801](tel:708.367.0801) – Office

[708.280.2642](tel:708.280.2642) – Cell

1:24-cv-06428

Plaintiffs' Local Rule
56.1 Statement

EXHIBIT 97

Provide all necessary protection of in-place materials during installation. Subcontractor shall be responsible for the protection of adjacent finished surfaces. Subcontractor is responsible for the repair of any damage caused in the field by this subcontractor during installation.

Includes warranty per specifications.

Includes all union labor.

DETAILED BID DOCUMENTS

| | | |
|--------------------------|------------|----------------------------|
| Architectural Drawings | 12/3/2021 | by: Kelly P. Harris |
| Structural Eng. Drawings | 12/2/2021 | by: Opus AE Group |
| Civil Eng. Drawings | 11/8/2021 | by: Manhard Consulting Ltd |
| Landscaping Drawings | 8/31/2021 | by: Manhard Consulting Ltd |
| Outline Specifications | 10/20/2021 | by: Opus Design Build, LLC |
| Detailed Specifications | 8/31/2021 | by: Opus Design Build, LLC |
| Project Schedule | 10/20/2021 | by: Opus Design Build, LLC |

Bid package Addenda received: YES / NO If Yes, what:

| | | | |
|---|--|------------------|-------------------|
| SCOPE OF WORK: | Dock Equipment | | |
| PROJECT: | MTC Kenosha 2021 | | |
| BID DUE DATE: | 12/17/2021 @ 3:00 PM | | |
| BID DOCUMENTS: | See above and "Instructions to the Bidders" | | |
| BASE BID COST BREAKDOWN: | | | |
| <small>Note: unit rate & quantity information in bid breakdown section intended for bid comparison purposes only, and will not be used in subcontract work scope definition</small> | | | |
| | QUANTITY | UNIT COST | TOTAL COST |
| DOCK EQUIPMENT: | Subtotal: \$ | | |
| 7' x 8' Mech Levelers - 40,000 LB | 28 EA | \$ 5,525 /EA | \$ 154,700 |
| Dock Bumpers (Set) -20' TALL | 28 EA | \$ 150 /EA | \$ 4,200 |
| Dock Pit Steel (w/Embeds, Pans) | 28 EA | \$ 320 /EA | \$ 8,960 |
| Dock Seals | 28 EA | \$ 900 /EA | \$ 25,200 |
| Dock Lights | 28 EA | \$ 290 /EA | \$ 8,120 |
| > | | \$ / | \$ |
| > | | \$ / | \$ |
| TOTAL LUMP SUM BID: | | | \$ 201,180 |
| SUBCONTRACT ALTERNATES & UNIT RATES: | | | |
| | QUANTITY | UNIT COST | TOTAL COST |

Bld Form

Page 2 of 4



12/8/2021

MDS - 004410

Alternates (List):

| | | | |
|---|--|------------|----------|
| > | | \$ _____ / | \$ _____ |
| > | | \$ _____ / | \$ _____ |
| > | | \$ _____ / | \$ _____ |
| > | | \$ _____ / | \$ _____ |
| > | | \$ _____ / | \$ _____ |

BID DETAILS:

Please provide any detailed scope information you would like the Contractor to consider (design assumptions, inclusions, exclusions, etc.) on your scope letter submitted on your company's letterhead.

Dock Leveler Manufacturer / Model:

BLUE GIANT MU SERIES

Dock Seal Manufacturer / Model:

BLUE GIANT

Dock Light Manufacturer / Model:

TRILITE

SCHEDULE:

Current key schedule dates:

| | |
|--------------|--|
| Dec 23, 2021 | Subcontract Awarded / LOI |
| Dec 27, 2021 | Subcontract Executed |
| Dec 27, 2021 | Start Submittals/Shop Drawings |
| Jul 13, 2021 | Dock Equipment Installation Starts |
| Sep 19, 2022 | Overall Project Substantial Completion |

Time required to complete shop drawings after LOI?

1 DAY

Time required to start delivering material after approved shop drawings?

DOCKS-28 WEEKS SEALS-22 WEEKS

ANGLES-4 WEEKS

Expected equipment, crew and productivity:

Anticipated crew size for project

Duration to Install All Dock Levelers and Bumpers

3

Days

Duration to Install All Dock Seals

2

Days

Duration to Install All Dock Lights

1

Days

Field Labor Rates:

Union or Open Shop Field Labor?

| | Standard Time | Overtime |
|------------|---------------|------------|
| Foreman | \$ 140 /HR | \$ 190 /HR |
| Journeyman | \$ 140 /HR | \$ 190 /HR |
| Apprentice | \$ 125 /HR | \$ 175 /HR |

GENERAL INFORMATION:

Engineer of Record and relationship to Subcontractor?

Not Applicable

YES

NO

Are all applicable taxes included?

YES

NO

Have you reviewed all included bid documents?

YES

NO

Have you completed our pre-qualification within the last 12 months?

15 %

% Mark-up on Change Order Requests?

List any sub-subcontractors to be hired and describe their scopes of work & EMR:

>

>

>

>

Recent projects of similar size and scope (list and describe):

>

>

>

>

COMPANY:

MIDWEST DOCK SOLUTIONS

CONTACT:

Tony ZADLEWICZ

PHONE:

(708) 367-0801

E-MAIL:

SIGNATURE:

DATE:

1-3-22



Procedures for Completing Your Subcontract Agreement

1. Electronically sign and Return the Subcontract Agreement and Safety Letter:

Follow the instructions within DocuSign to sign the Subcontract Agreement and Safety Letter. Once signed by all parties, you will receive a link to save and/or print a copy for your records. Please electronically sign no later than ten days after receipt.

2. Provide completed Certificate of Liability Insurance within 10 days:

You must provide evidence of the insurance type and in the limits as set forth in Rider C of the Opus Subcontract Agreement. An example of the required Accord certificate form with the required additional insured endorsement provisions and a memo to forward to your insurance provider are enclosed for your reference. If Certificate of Liability Insurance is incomplete, subcontractors will not be allowed on site and payments will be delayed. Send the completed Certificate of Liability Insurance to COL@opus-group.com.

SAMPLE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
XX/XX/XX

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | | |
|----------------------------------|--|---|---------------|
| PRODUCER | | CONTACT NAME Broker Contact Information | |
| Broker Name | | PHONE (A/C, No, Ext) | FAX (A/C, No) |
| Street Address | | E-MAIL ADDRESS | |
| City, State Zip | | INSURER(S) AFFORDING COVERAGE | |
| INSURED | | INSURER A: Insurance Company | NAIC # |
| Subcontractor (Name on Contract) | | INSURER B: Insurance Company | |
| Street Address | | INSURER C: Insurance Company | |
| City, State Zip | | INSURER D: | |
| | | INSURER E: | |
| | | INSURER F: | |

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDITIONAL SUBR (INS, WVD) | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|----------------------------|---------------|-------------------------|-------------------------|--|
| A | GENERAL LIABILITY | X | ABCXYZ | Start Date | End Date | EACH OCCURRENCE \$ 1,000,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 50,000 |
| | CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | PROD EXPT (A/C, PERIOD) \$ |
| | GENERAL AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PRO <input type="checkbox"/> LOC | | | | | PERSONAL & ADV INJURY \$ 1,000,000 |
| A | AUTOMOBILE LIABILITY | X | ABCXYZ | Start Date | End Date | COMBINED SINGLE LIMIT (EA ACCIDENT) \$ 1,000,000 |
| | <input checked="" type="checkbox"/> ANY AUTO | | | | | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | | | BODILY INJURY (Per accident) \$ |
| | <input type="checkbox"/> HIRED AUTOS | | | | | PROPERTY DAMAGE (Per accident) \$ |
| B | UMBRELLA LIAB | X | ABCXYZ | Start Date | End Date | EACH OCCURRENCE \$ 1,000,000** |
| | EXCESS LIAB | | | | | AGGREGATE \$ 1,000,000** |
| | <input type="checkbox"/> RETENTION | | | | | |
| | | | | | | |
| C | WORKERS COMPENSATION AND EMPLOYERS LIABILITY | N/A | ABCXYZ | Start Date | End Date | <input checked="" type="checkbox"/> WE STATE: TORY LIMITS <input type="checkbox"/> OTHER |
| | ANY PROPERTY PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | | | | E.L. EACH ACCIDENT \$ 1,000,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 |
| | | | | | | E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
| A | Professional Liability Contractors Pollution Liability | | ABCXYZ | Start Date | End Date | Prof - \$1,000,000, if required by Contract CPL - Per Contract |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Opus Design Build, L.L.C. and Owner (if applicable) are named as additional insureds under the General Liability policy per ISO forms CG 20 10 04 13 and CG 20 37 04 13. (Note to subcontractor: All AI forms need to be attached whether they are the ISO forms or an equivalent.)

**\$4,000,000 Umbrella/Excess - Required if Subcontractor is performing or supplying any of the following as part of the Work: Structural Concrete or Wood Framing, Masonry, Electrical, HVAC, Plumbing, Fire Protection Sprinkler, Steel Erection, Elevator, Excavating, Roof Foundation, and Curtain Wall/Glazing. If Subcontractor's work does not include any of the Work items listed directly above then the \$1,000,000 Umbrella/Excess limit is satisfactory.

CERTIFICATE HOLDER

CANCELLATION

| | |
|---|--|
| Opus Design Build, L.L.C. Address City, State Zip | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| | AUTHORIZED REPRESENTATIVE (Signed by Broker) |

**PLEASE FORWARD TO YOUR INSURANCE
PROVIDER**

CERTIFICATES OF INSURANCE FOR PROJECTS AT:

**MTC Kenosha 2021
6222 77th Avenue
Kenosha WI 53142**

MUST INCLUDE AS ADDITIONAL INSURED:

- **OPUS DESIGN BUILD, L.L.C. (CONTRACTOR)**
- **OWNER**
-

**ADDITIONAL INSURED FORMS
ISO CG 20 10 04 13 AND CG 20 37 04 13 OR
EQUIVALENT MUST BE ATTACHED TO
CERTIFICATE OF INSURANCE.**

**IF THE CERTIFICATES OF INSURANCE ARE
INCOMPLETE, SUBCONTRACTOR WILL NOT BE
ALLOWED ON SITE AND
PAYMENTS WILL BE DELAYED.**



Procedures for Submitting Your Application for Payment

As described in Article 6 of the General Conditions of Subcontract, use of the **Opus** Application for Payment Form, the Conditional Release and Waiver Form, and a Schedule of Values **is required** when applying for payment.

To submit your Application for Payment, please navigate to <https://portal.opus-group.com> and follow the necessary prompts.

Support documentation can be found here: <https://portal.opus-group.com/help>

Application for payment must be submitted by the Subcontractor **no later than the 25th of the month.**
Reference: Article 6 in the General Conditions of Subcontract.

CONDITIONAL RELEASE AND WAIVER
(Progress Payments)

_____ ("Subcontractor") and Opus Design Build, L.L.C. ("Opus") entered into a Subcontract Agreement dated _____, 20____, as amended by written change orders through Change Order No. _____ dated _____, 20____ (collectively, the "Subcontract"). The Subcontract constitutes the entire agreement between Subcontractor and Opus.

1. Under the Subcontract, Subcontractor is furnishing certain work, including labor and related payroll taxes, skills, services, equipment, materials, machinery, and other items (collectively, the "Subcontract Work") as part of Opus' construction of improvements on property located at _____ and commonly known as _____ ("Property"), which is owned _____ ("Owner").

2. Subcontractor submits this Conditional Release and Waiver to Opus in connection with the attached application for payment ("Application") in the net amount of \$ _____ for Subcontract Work performed or provided through _____, 20____. Upon receipt of the net amount due under the Application, Subcontractor releases and waives all statutory, contract, and equitable rights, including the right to file construction or mechanic's liens against the Property (collectively, "Claims"), it may have against Opus, Owner, and any surety or other party to whom Opus is liable (collectively, the "Released Parties") for payment of the net amount due under the Application.

3. Subcontractor represents and certifies to Opus and Owner that the monies to be received from Opus under the Application will be used for Subcontract Work as shown on the Application. Subcontractor will indemnify and defend the Released Parties from and against any Claims, loss, or damage that the Released Parties may sustain in connection with Claims for payment filed or asserted against the Property or the Released Parties by any party engaged by or on behalf of Subcontractor to provide all or any portion of the Subcontract Work, and for which Opus has made payment, including any Claims for amounts validly retained by Opus under the Subcontract.

This Waiver is executed and delivered by a duly authorized representative of Subcontractor.

SUBCONTRACTOR:

Opus Design Build, L.L.C. believes that the safety of its employees, its subcontractors and their employees, and the general public is of the highest priority on all our projects. Our goal is for our projects to have the safest working conditions possible for all involved resulting in an injury and accident-free workplace. To accomplish this goal, a strong and stringent safety program must be followed for the benefit of all.

Our subcontract agreement requires you to comply with the safety policies and requirements of Opus Design Build, L.L.C., and those of all local, state and federal agencies. Specific requirements are referenced in the Safety Article of the General Conditions of Subcontract. Please note the following:

1. You are required to provide safety documentation as listed prior to the start of your work at the jobsite. This documentation must be submitted to the Opus Project Manager and include the following information:
 - a. Subcontractor safety manual.

1/1/2022

Latest version date of Subcontractor safety manual: _____
 - b. Subcontractor site-specific safety plan.
 - c. Subcontractor site-specific fall protection plan.
 - d. Subcontractor site-specific hazard communication program and safety data sheets for all materials brought on site.
 - e. Identification of Subcontractor's designated site safety representative and representative contact information.
 - f. List of Subcontractor's employees who have current first aid certifications and who will be at the jobsite.
 - g. Subcontractor's emergency phone numbers list.
2. You are required to actively participate in the project safety program. Please note the following points:
 - a. We require 100% hardhat and 100% safety eye wear policy on all Opus construction sites.
 - b. We require proper work clothing to include high visibility clothing for earthmoving operations.
 - c. We require mandatory fall protection at 6' or greater.

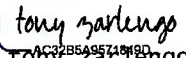
Opus Design Build, L.L.C. places the highest priority on safety and it has the right to take appropriate action to enforce applicable safety policies and requirements. We trust that you are in agreement with this emphasis of safety and will cooperate fully.

Thank you for your cooperation.

Please enter the required information above and acknowledge your understanding of the requirements outlined in this letter by signing below and returning one copy with your signed subcontracts:

SUBCONTRACTOR NAME: **Midwest Dock Solutions, Inc.**

By:

DocuSigned by:

 1C32B5A9574848D
 Tony Zarfengo

 (Print name)
 Owner

 (Title)
 1/21/2022

 (Date)



MTC Kenosha 2021 / 31981
 / OH Doors & Dock Equipment
 Tony Zarlengo / Midwest Dock Solutions, Inc.
 PH: 708.367.0801 / M: 708.921.8950
 Email: tony@midwestdocksolutions.com
 (Payment Terms: Per General Conditions)
 (Retainage: 10%)

SUBCONTRACT AGREEMENT (Labor and Materials)

This Subcontract Agreement ("Subcontract") is made as of 01/21/2022 by and between **Opus Design Build, L.L.C.**, a Delaware limited liability company ("Contractor"), with its office located at 9700 W. Higgins Rd., Suite 900 Rosemont, IL 60018 and **Midwest Dock Solutions, Inc.** ("Subcontractor") with its office located at 27 E. 36th Place, Steger, IL 60475.

Contractor and Subcontractor agree as follows:

1. Subcontract Documents. The term "Subcontract Documents" is defined in Paragraph 1 of the attached RIDER "A."
2. Project. Contractor is providing design and construction-related services to Owner (defined below) in connection with the project generally described as MTC Kenosha 2021 ("Project"), located at 6222 77th Avenue Kenosha, WI 53142 ("Project Site").
3. Owner. The Owner of the Project is Opus Development Company, L.L.C. ("Owner").
4. Architect/Engineer. The architect and engineers ("Architect/Engineer") of record for the Project are:

| | |
|-------------------------------|--------------------------|
| Architect of Record | Harris Architects, Inc. |
| Structural Engineer of Record | Opus AE Group, L.L.C. |
| Civil Engineer | Manhard Consulting, Ltd. |
5. Scope of Subcontract Work. Subcontractor's scope of work for the Project is described in Paragraph 1 of the attached RIDER A and is defined therein as the Subcontract Work.
6. Schedule. Time is of the essence. Accordingly, all time limits and requirements for completion set forth in the Subcontract Documents, including any intermediate milestones (collectively referred to in the Subcontract Documents as the "Schedule"), are of the essence of this Subcontract. Subcontractor shall begin its Subcontract Work as soon as the Project is ready for the Subcontract Work or within three (3) calendar days after being notified orally or in writing to proceed by Contractor. The Substantial Completion of the Subcontract Work (defined in the General Conditions of Subcontract) shall be achieved as required by job progress, so as to allow the entire Project to be substantially completed on or before **09/19/2022**. Subcontractor shall conform to all progress and schedule requirements of the Subcontract Documents and as directed by Contractor's project manager or superintendent, and must achieve the milestones (if any) as described in the attached RIDER A.
7. Subcontract Sum. Contractor shall pay Subcontractor the sum of **\$263,436.00** ("Subcontract Sum"). The Subcontract Sum includes freight and delivery charges and all applicable state and local taxes including sales and use tax, and if required by law, these taxes must be separately stated on any payment applications, invoices or similar documents delivered by Subcontractor to Contractor for completion of the Subcontract Work in accordance with the terms and conditions of the Subcontract Documents. A breakdown of the components of the Subcontract Sum including any allowances is set forth in the attached RIDER A.
8. Independent Examination. By executing the Subcontract, Subcontractor represents that it has: (a) carefully read and understands the Subcontract Documents; (b) investigated the nature, locality and site of the Subcontract Work; (c) visited the Project Site, familiarizing itself with the local conditions and difficulties under which the Subcontract Work is to be performed; (d) investigated the Laws; and (e) correlated its observations with the requirements of the Subcontract Documents. Subcontractor acknowledges that it enters into this Subcontract on the basis of its own examination, investigation and evaluation of all such matters and not in reliance upon any opinions or representations of Contractor or Owner, or any of their respective officers, agents or employees. Subcontractor will immediately report to Contractor any error, inconsistency or omission Subcontractor discovers in the Subcontract Documents. Contractor will not be liable to Subcontractor for any damages to Subcontractor due to errors, inconsistencies or omissions that a careful review of the Subcontract Documents would have disclosed.
9. Interpretation of Subcontract Documents.
 - 9.1 Contractor will be the interpreter of the Subcontract Documents and upon the request of Subcontractor will issue written interpretations necessary for the proper execution of the Subcontract Work in the form of drawings or otherwise, with reasonable promptness. All interpretations of Contractor will be consistent with the intent of and reasonably inferable from the Subcontract Documents and will be in writing or in the form of drawings. All requests for interpretations will be directed to Contractor's project manager. Contractor's decisions in matters relating to artistic effect will be final if consistent with the intent of the Subcontract Documents. Contractor will not be liable to Subcontractor for the result of any interpretation or decision rendered in good faith in such capacity. The organization of the Project Specifications into divisions, sections and articles, and the arrangements of Project Drawings will not control Contractor in dividing the Subcontract Work among Subcontractors or in establishing the extent of Subcontract Work to be performed by any trade.
 - 9.2 The intent of the Subcontract Documents is to include all items necessary for the proper execution and completion of the Subcontract Work. The Subcontract Documents are complementary, and what is required by any one will be as binding as if required by all unless expressly stated otherwise. In case of any conflict, Subcontractor will comply with the highest or most stringent standard. In the event of a conflict between Project Drawings and Project Specifications affecting quantity or quality requirements, the greater amount will be required in questions of quantity and the higher quality will be required in questions of quality. Words and abbreviations in the Subcontract Documents which have well-known technical or trade meanings are used in accordance with such recognized meanings. References to published or association standards will mean the latest edition of such standards at the time of execution of the Subcontract, unless specifically referred to by edition date or revision number.
 - 9.3 To the greatest extent possible, the Subcontract Documents will be construed consistently, so as to complement each other. Any inconsistencies in the provisions of the Subcontract Documents will be resolved, except as otherwise provided therein, by giving priority to the Subcontract Documents in the following order:

- (a) The Subcontract with modifications and Change Orders thereto of later date having priority over those with earlier dates;
- (b) The General Conditions of Subcontract;
- (c) The Project Specifications and Project Drawings; and
- (d) Instructions to Bidders.

10. Administration of the Subcontract.

10.1 General Obligations of Contractor. Contractor will: (a) provide the general administration of the Project as herein described; (b) control the Schedule; and (c) determine the dates of Substantial Completion of the Subcontract Work, Final Completion of the Subcontract Work and Substantial Completion of the Project.

10.2 General Obligations of Subcontractor. Subcontractor will: (a) obtain and deliver to Contractor written warranties and related documents required by the Subcontract Documents; and (b) forward all communications to Contractor through Contractor's project manager.

11. Integration. The Subcontract Documents constitute the final and complete understanding of Contractor and Subcontractor with respect to the Subcontract Work. The Subcontract Documents supersede all prior or contemporaneous communications, whether oral or written, concerning the Subcontract Work. The Subcontract Documents will take precedence over any conflicting terms, conditions or provisions contained in any invoice, or other communication between the parties except for a Change Order as provided in Section 7 of the General Conditions of Subcontract.

12. Project Drawings and Project Specifications. Unless otherwise provided in the Subcontract Documents, Subcontractor will be furnished free of charge an electronic copy of applicable Project Drawings and Project Specifications reasonably necessary for execution of the Subcontract Work.

13. Performance is Acceptance. If Subcontractor commences performance of all or any portion of the Subcontract Work before Subcontractor executes and delivers the Subcontract to Contractor, Subcontractor will be deemed to have agreed to and accepted all terms and provisions of the Subcontract Documents.

14. Authority. The signatories of Contractor and Subcontractor have the power and authority to execute the Subcontract and to bind Contractor and Subcontractor, as applicable, to this Subcontract.

15. Riders. The following Riders are attached to and made a part of this Subcontract:

15.1 RIDER A (Scope of Subcontract Work)

15.2 RIDER B (Indemnification)

15.3 RIDER C (Insurance)

Approved by Contractor's project manager

DocuSigned by:
Craig Kenmotsu
5A1A7BFF525F4D8
Kyan Manoney

Contractor and Subcontractor sign as follows:

CONTRACTOR:

Opus Design Build, L.L.C.,
a Delaware limited liability company

By: [Signature]
Name: 3B02B7BE49D1433
Its: Regional Vice President (Print Name)
Date: 1/24/2022 (Title)

SUBCONTRACTOR:

Midwest Dock Solutions, Inc.

aLL

(a "State" "business entity type")

By: [Signature]
Name: AC32B5A9571849D
Its: Owner (Print Name)
Date: 1/21/2022 (Title)

RIDER A
(Scope of Subcontract Work)

This RIDER A is attached to and made a part of the Subcontract between Contractor and Subcontractor dated 01/21/2022. All capitalized terms used but not defined in this RIDER A have the meaning ascribed to them in the Subcontract.

1. Subcontract Work/Subcontract Documents.

Subcontractor shall furnish all necessary labor, materials, equipment, skills, services (including design and engineering, if applicable), supervision and appurtenances necessary to complete all OH Doors & Dock Equipment work ("Subcontract Work") for the Project, including but not limited to strict compliance with the following documents (the "Subcontract Documents"):

| <u>Description</u> | <u>Date</u> |
|---|----------------------|
| Subcontract | 01/21/2022 |
| General Conditions of Subcontract | 06/2019 |
| Opus Safety Manual | 11/2019 |
| Architectural Drawings | 11 pages 12/03/2021 |
| Civil Permit Set | 18 pages 11/08/2021 |
| Structural Drawings | 8 Pages 12/02/2021 |
| Project Schedule | 10/20/2021 |
| Outline Specification | 10/20/2021 |
| Division 08 Door and Glazing Openings Specification | 19 Sheets 01/18/2022 |
| Division 11 Equipment | 8 Sheets 01/18/2022 |

Subcontractor acknowledges that Contractor has made available to Subcontractor all of the Subcontract Documents, and Subcontractor shall be responsible for obtaining copies pertinent to its Subcontract Work. Subcontractor represents that it has carefully examined the Subcontract Documents.

The Subcontract Work of this Subcontract specifically includes but is not limited to the following items:

- Includes all sales tax, freight, labor, equipment, materials, tools and testing to complete the Overhead Doors & Dock Equipment scopes of work in accordance with the bid and subcontract documents, all federal, state, county, and municipal codes.
- Subcontractor will provide 9' wide x 10' high manually operated insulated 27 gauge steel sectional vertical lift overhead doors with R-13 on 2" track, with standard 10,000 cycle springs at the exterior truck dock locations. Each door will have one 8" x 24" vision light on the side of the manual operator and will be weather-stripped. Slide locks included on all doors and to be installed on the same side as the vision lights.
- Subcontractor to furnish and install at drive-in door locations per Subcontract Documents 12' wide x 14' high, ¾ HP motor-operated, insulated, 27 ga. steel sectional vertical lift overhead doors with R-13 on 3" track and standard 10,000 cycle springs and push button control. Each door to have one 8" x 24" vision lights and have full perimeter weather seals. Vision light and door controls for all drive-in doors will be located on the man-door side of the drive-in door. Power requirements to be coordinated with the electrical subcontractor.
- Overhead doors include internal support struts to provide a smooth, non-ribbed interior side of door.
- Subcontractor includes drive in and overhead door and dock equipment installation off of either stone subgrade or finished slab depending on project schedule and sequencing.
- Furnish and install compressible, foam-type dock seals with 40oz base material and 40 oz. vinyl wear pleats at the 9'x10' exterior overhead doors at all dock locations per Subcontract Documents. Seals to have adjustable heads.
- Interior 'Z' track guards are to be furnished and installed at each overhead door and drive in door opening per the Subcontract Documents. Track guards are to be 48" high, painted safety yellow, and bolted to the floor and wall. Door lock to be located above the track guards for easy lockability.
- Subcontractor to complete the installation of the drive in door photoeyes including LV wiring. High voltage power and control wiring for the door controls by others.
- Subcontractor to include the necessary hardware required to install doors directly to precast without the use of wood bucks.
- All corresponding tax, delivery, and off-loading is included.
- Provide all necessary protection of in-place materials during installation. Subcontractor shall be responsible for the protection of adjacent finished surfaces. Subcontractor is responsible for the repair of any damage caused in the field by this subcontractor during installation.
- All work shall meet City of Kenosha requirements and comply with all local, state and federal laws/codes.
- Subcontractor shall cooperate with and assist the testing and inspection agencies in the performance of their work.
- Furnish and install 40,000 pound capacity, 7' x 8' mechanical type levelers with a pair of 20"h x 11"w x 4"d bumpers at truck dock locations noted on the Subcontract Documents. Levelers will have working range toe guards, tapered 16" lips and brush type weather stripping. Levelers to be standard gray.
- Dock bumpers to be mounted at the proper height to accommodate the pavement at truck court being sloped per Subcontract Documents.
- Furnish-only six-piece, prime painted dock pit angle sets for all dock leveler positions. Angles to have pre-drilled holes for installation and shipped loose. Angles to be set by others. Subcontractor includes shipping pit steel to the site separately from the dock levelers in order to be available on site at the time of SOG install.
- Subcontractor will test equipment for proper operation prior to demobilization from site.

The Subcontract Work of this Subcontract specifically excludes the following:
(none)

2. Schedule. Subcontractor will achieve the following milestones (referred to as the "Schedule")

| <u>Description</u> | <u>Duration</u> |
|--|-----------------|
| Dock levelers shipping lead time from approved shop drawings | 28 weeks |
| Dock levelers, bumpers, and seals install duration | 1 week |
| OH doors shipping lead time from approved shop drawings | 18 weeks |
| OH doors install duration | 7 days |
| "Z" Guards install duration | 1 day |
| Dock equipment and overhead door submittals lead time duration | 2 days |
| Dock seals shipping lead time from approved shop drawings | 22 weeks |
| Dock angles shipping lead time from approved shop drawings | 4 weeks |

3. Subcontract Sum Breakdown.

| <u>Description</u> | <u>Amount</u> |
|--|---------------|
| 9' x 10' Dock OH Doors | \$53,200.00 |
| 12' x 14' Drive-In OH Doors | \$11,300.00 |
| "Z" Track Guards | \$7,500.00 |
| 7' x 8' Mechanical Levelers | \$154,700.00 |
| Dock Bumpers | \$4,200.00 |
| Dock Pit Steel | \$8,560.00 |
| Dock Seals | \$25,200.00 |
| OH Doors Tax | \$2,788.00 |
| Discount for OH Doors & Dock Equipment Subcontract Combination | (\$4,012.00) |

Total Subcontract Sum \$263,436.00

4. Unit Pricing.

If requested by Contractor, Subcontractor will provide additional units of work, as directed, at the unit prices set forth below. Unit prices will apply to all building construction and will include, without limitation, all material, labor, equipment, compensation, general conditions, benefits, overhead, clean-up, supervision, profit, parking, shop drawings, small tools and all sales, use and other applicable taxes. Unit prices include design and engineering, if applicable. Unit prices will also apply to net quantity changes in the Subcontract Work made pursuant to the Subcontract Documents.

The following unit prices shall be in effect for the duration of the project:

| <u>Description</u> | <u>UOM</u> | <u>Rate</u> |
|-----------------------------|------------|-------------|
| 9' x 10' Dock OH Doors | EA | \$1,900.00 |
| 12' x 14' Drive-In OH Doors | EA | \$5,650.00 |
| "Z" Track Guards | EA | \$250.00 |
| 7' x 8' Mechanical Levelers | EA | \$5,525.00 |
| Dock Bumpers | EA | \$150.00 |
| Dock Pit Steel | EA | \$305.71 |
| Dock Seals | EA | \$900.00 |

5. Alternates.

If requested by Contractor, Subcontractor will promptly provide the alternate work set forth below for the stated amount. When requested by Contractor, the alternate work will become part of the Subcontract Work defined in Paragraph 1 above.

The alternate prices shall be in effect for the duration of the project:

| <u>Description</u> | <u>Amount</u> |
|-------------------------------|---------------|
| Furnish (28) LED dock lights. | \$8,120.00 |

END RIDER A

RIDER B

This RIDER B is attached to and made a part of the Subcontract between Contractor and Subcontractor dated **01/21/2022**. All capitalized terms used but not defined in this RIDER B have the meaning ascribed to them in the Subcontract or General Conditions of Subcontract, as applicable.

Lien Waivers

Section 6.2(b) of the General Conditions of Subcontract is deleted in its entirety and replaced with the following: 6.2(b) Lien Waivers. Subcontractor will provide with each application for payment a properly executed release and waiver of mechanics' lien in PDF or other electronic format on the forms attached as Attachment I listing itself and each of its Sub-subcontractors and suppliers and covering work performed or materials supplied in connection with the Subcontract Work for the previous month (conditioned on the receipt of payment). Promptly following receipt of any payment from Contractor, Subcontractor will provide a release and waiver of mechanics' lien listing itself and each of its Sub-subcontractors and suppliers and unconditionally waiving mechanics' liens for all payments made by Contractor. Contractor may elect at any time to require as a condition to any progress or final payment properly executed conditional, unconditional or final release and waiver of mechanics' lien documents from Subcontractors' Sub-subcontractors and material suppliers. Submittal of all of the foregoing required release and waiver of mechanics' lien documents is a condition precedent to any payment to Subcontractor. (1) No payment will be required until Subcontractor has supplied properly executed lien waivers as indicated above. (2) If any of Subcontractor's Sub-subcontractors refuse to furnish a release or waiver required by Contractor, Subcontractor shall, if requested by Contractor and to the extent permitted by law, furnish other security satisfactory to Contractor, in Contractor's sole discretion, to indemnify Owner and Contractor against any such lien or claim. In the event that a lien is filed on the Project by any Sub-subcontractor or union fringe benefits fund that is not the result of Contractor's failure to properly pay Subcontractor for Subcontract Work that has been performed in accordance with the Subcontract and is not subject to good-faith withholding by Contractor in accordance with the provisions of this Subcontract, Subcontractor shall protect the Project and defend, indemnify and hold harmless Owner and Contractor and Contractor's surety, if any, from and against such lien and all damages, losses and expenses on account thereof, including without limitation, legal fees and disbursements incurred by Contractor or Owner in connection therewith. In addition, Subcontractor shall, if requested by Contractor, take all steps necessary to remove such lien from the Project. (3) Contractor shall have the right at all times, but not the obligation, to contact Subcontractors' Sub-subcontractors to ensure that the same are being paid by Subcontractor for labor or materials furnished for use in performing the Subcontract Work.

Indemnification

To the extent permitted by law, Subcontractor shall indemnify, defend and hold harmless Contractor, Owner and Architect/Engineer, and their respective officers, directors, agents, and employees (collectively, "Indemnitees"), from and against all claims, damages, losses and expenses, including legal fees and disbursements paid or incurred to defend any such claims or to enforce provisions of this paragraph (collectively, "Claims"), arising out of the performance or non-performance of the Subcontract Work, to the extent such Claims are caused by the negligence or willful misconduct of Subcontractor, its Sub-subcontractors, anyone directly or indirectly employed by them, or anyone for whose acts any of them may be liable. The foregoing indemnification obligation is not limited by any limitation on the amount or type of damages, compensation or benefits payable by or for Subcontractor or its Sub-subcontractors under (a) worker's compensation acts, (b) disability benefit acts, (c) other employees benefit acts or (d) insurance required to be carried by Subcontractor under the Subcontract Documents, and Subcontractor expressly waives the benefits of any liability cap recognized by the Laws of the state of Wisconsin. Subcontractor's failure to procure specific contractual liability and other types of insurance for the benefit of Contractor and Owner, as required under the Subcontract Documents, will not render the foregoing indemnification provisions unenforceable under any applicable law. If Subcontractor does not have design responsibility under the Subcontract Documents, Subcontractor has no obligation to indemnify the Architect/Engineer, its agents or employees from and against any liability arising out of (x) the preparation by the Architect/Engineer or approval by the Architect/Engineer of maps, drawings, opinions, reports, surveys, designs or specifications, or (y) the giving of or the failure to give direction or instruction required herein to be given, if any, by the Architect/Engineer, its agents or employees, provided such giving or failure to give is required herein and is the primary cause of the injury or damage.

Dispute Resolution

Article 13 of the General Conditions of Subcontract is modified by adding the following new Sections 13.8 and 13.9 following the existing text of Article 13: "13.8 If Contractor becomes involved in any dispute, including litigation or arbitration proceedings, with Subcontractor over the provisions of the Subcontract Documents or the Subcontract Work, the prevailing party in such litigation or proceedings shall be entitled to recover from the other party all costs and expenses incurred in such litigation, including but not limited to court costs, attorneys' fees and expert witness fees arising before, during or after trial, including any costs, attorneys' fees or expenses incurred in any appeal therefrom. 13.9 Subcontractor hereby waives its right to a jury trial in any and all disputes or claims arising out of or relating to the Subcontract Documents or the Subcontract Work. If Subcontractor enters into a contract with a Sub-subcontractor in connection with the Subcontract Work, Subcontractor will include a similar provision requiring the Sub-subcontractor to waive its right to a jury trial."

END RIDER B

RIDER C
(Insurance)

This RIDER C is attached to and made a part of the Subcontract between Contractor and Subcontractor dated 01/21/2022. Capitalized terms used but not defined in this RIDER C have the meaning given to them in the Subcontract or General Conditions of Subcontract, as applicable.

1. **SUBCONTRACTOR'S INSURANCE.** Subcontractor will (a) purchase and maintain the insurance described in this Paragraph 1; and (b) cause each of its Sub-subcontractors to be subject to the same insurance requirements as Subcontractor.

- 1.1 **Subcontractor's Insurance Coverage, Requirements, and Minimum Limits.** Prior to commencing the Subcontract Work, Subcontractor shall purchase and maintain during the progress of the Subcontract Work and any periods of warranty and additional work performed by Subcontractor, all in accordance with Paragraph 1.2 below, insurance that will protect against claims for bodily injury, death, damage to property, personal and advertising injury liability, or other damages arising out of or in connection with the performance of the Subcontract Work (including warranty and additional work) by Subcontractor, Sub-subcontractors, or by anyone employed by any of them, or by anyone for whose acts any of them may be liable. Subcontractor's liability insurance may be maintained in a combination of primary and umbrella/excess policies, and the cost of such insurance shall be included in the Subcontract Sum. Subcontractor's policies of insurance shall have the following coverages, requirements, and minimum limits:

INSURANCE COVERAGE**MINIMUM LIMITS****WORKERS' COMPENSATION**

(must include coverage for all employees including owners)

Statutory Limits

EMPLOYER'S LIABILITY

(including "Stop Gap" coverage and USL&H if applicable)

\$1,000,000 each accident
\$1,000,000 disease-policy limit
\$1,000,000 disease-each employee

COMMERCIAL GENERAL LIABILITY & UMBRELLA/EXCESS LIABILITY

(applies if Subcontractor is performing or supplying any of the following as part of the Subcontract Work: structural concrete or wood framing;

masonry; electrical; HVAC; plumbing; fire protection sprinkler; steel erection; elevator; excavating; roofing; exterior utilities; foundation and curtain wall/glazing Subcontractors)

\$5,000,000 each occurrence
\$5,000,000 products/completed operations aggregate
\$5,000,000 personal and advertising injury
\$5,000,000 minimum general aggregate per project

(applies if the Subcontract Work does not include any of the work items listed immediately above)

\$2,000,000 each occurrence
\$2,000,000 products/completed operations aggregate
\$2,000,000 personal and advertising injury
\$2,000,000 minimum general aggregate per project

COMMERCIAL AUTOMOBILE LIABILITY & UMBRELLA/EXCESS LIABILITY

(including owned, hired, and non-owned)

\$5,000,000 any one accident or loss

(include MCS 90, as required, and endorsement CA 9948 pollution liability—broadened coverage for covered autos if Subcontractor or its Sub-subcontractors haul or transport hazardous substances)

\$5,000,000 any one accident or loss

PROFESSIONAL LIABILITY/ERRORS & OMISSIONS

(applies if Subcontractor's scope of work, or any of its subcontractors or subconsultants work, includes any professional Services, including but not limited to design, engineering, architecture, design-assist, surveying, and testing)

\$2,000,000 each claim
\$2,000,000 annual aggregate

CONTRACTOR'S POLLUTION LIABILITY

(including affirmative mold and legionella coverage)

(applies if Subcontractor is providing any of the following as part of the Subcontract Work: demolition; fuel providers; building envelope trades; roofing; mechanical/electrical/plumbing trades; drywall; insulation; swimming pool materials or installation; tile, tile setting materials, or tile setting; concrete, asphalt or hot tar contractors; sand blasting)

\$2,000,000 each occurrence
\$2,000,000 aggregate

(applies if Subcontractor is providing or addressing any of the following as part of the Subcontract Work: asbestos, lead, or mold abatement; excavation or subterranean work; handling, transporting or disposal of regulated or hazardous substances; plumbing; sprinklers/fire protection)

\$5,000,000 each occurrence
\$5,000,000 aggregate

AVIATION LIABILITY/AIRCRAFT LIABILITY

(including unmanned aircraft (drones))

(applies if the Subcontract Work involves the use or operation of unmanned aircraft (e.g. drone))

\$1,000,000 each occurrence
\$1,000,000 general aggregate

(applies if the Subcontract Work involves the use or operation of manned aircraft (e.g. helicopters, airplanes))

\$5,000,000 each seat
\$10,000,000 per occurrence
\$10,000,000 general aggregate

1.2 Subcontractor's Insurance Requirements. Subcontractor's policies of insurance set forth in Paragraph 1.1 must meet the following requirements:

- (a) Workers' Compensation insurance must: (i) provide coverage in the state where the Project is located; and (ii) extend to every employee, including owners, even if not statutorily required.
- (b) Where applicable, evidence of Employer's Liability coverage shall be required for U.S. Longshore and Harborworkers' Compensation, Maritime coverage, Federal Employer's Liability Act, and other unique exposures requiring endorsement of coverage.
- (c) Employer's Liability, Commercial General Liability, and Automobile Liability insurance may be arranged under separate policies for the full minimum limits required, or by a combination of underlying policies with the balance provided by an Excess or Umbrella Liability policy.
- (d) Commercial General Liability/Umbrella/Excess insurance must be in the form of ISO Form CG 00 01, or a substitute form providing coverage at least as broad as the ISO form specified: (i) shall include no limitations or exclusions of coverage beyond those contained in the standard coverage form; (ii) include coverage for products/completed operations; (iii) not have an exclusion for residential work; (iv) not have an exclusion for subsidence or earth movement; (v) be continuously maintained after completion of the Subcontract Work for a minimum of the period of the applicable statute of repose for the state in which the Project is located; (vi) specifically cover as "insured contracts" the Subcontractor's indemnity obligations as set forth in this Subcontract and other contractual indemnities assumed by the Subcontractor under the Subcontract Documents, and shall not exclude any "additional insureds" claims pertaining to damages or injuries to the Subcontractor's employee(s); (vii) provide a minimum general aggregate limit of liability on a per project basis as specified in Paragraph 1.1; (viii) include Contractor, Contractor's affiliates and Owner (and others as specifically required by the Subcontract Documents) as "additional insureds;" and (ix) delete or amend any "insured vs. insured" exclusion to provide that the exclusion shall not apply to Contractor's, Owner's and any other required parties' status as "additional insureds."

The Contractor, Owner and other parties as may be required by the Prime contract will be included as "additional insureds" by endorsement to Subcontractor's Commercial General Liability policy and will be on ISO Forms CG 20 10 04 13 and CG 20 37 04 13, or their equivalent, and will include coverage for ongoing and completed operations. The additional insured endorsement form numbers must be listed on the insurance certificate and the endorsement(s) must be attached to the certificate of insurance. Subcontractor's Commercial General Liability and Umbrella/Excess insurance policies will endorse to be primary insurance and not excess over, or contributing with, any insurance purchased or maintained by Contractor or Owner, in the form of ISO CG 2001 04 13 or its equivalent, specifically including insurance purchased and maintained by Contractor including Owner as an "additional insured" on Contractor's Commercial General Liability and Umbrella/Excess insurance policies.

If any Subcontract Work is to be performed within 50 feet of any railroad property, coverage shall include ISO endorsement CG 24 17 or its equivalent.

- (e) Commercial Automobile Liability insurance must: (i) include coverage for all owned, hired and non-owned automobiles; and (ii) be written on the current ISO CA 00 01 form or its equivalent.
- (f) Professional Liability/Errors & Omissions, if applicable to the Subcontract Work, must be continuously maintained after completion of the Subcontract Work for a minimum of the period of the applicable statute of repose for the state in which the Project is located. As an alternative to maintaining coverage following the completion of all Subcontract Work, an extended reporting period for a minimum period of the applicable statute of repose will also be acceptable. Any retroactive date on such Professional Liability policy shall be prior to the commencement of any Subcontract Work under this Subcontract. The Professional Liability policy shall not contain any exclusions applicable to the products/materials being supplied by the subcontractor OR any products related exclusion(s) shall be amended such that the exclusionary language does not apply to professional services (including but not limited to design and engineering services) provided by or on behalf of the subcontractor associated with the products/materials being supplied by the subcontractor.
- (g) Contractor's Pollution Liability insurance, if applicable to the Subcontract Work, must: (i) be occurrence based and be continuously maintained after completion of the Subcontract Work for a minimum of the period of the applicable statute of repose for the state in which the Project is located; (ii) specifically cover as "insured contracts" Subcontractor's indemnity obligations as set forth in this Subcontract and other contractual indemnities assumed by Subcontractor under the Subcontract Documents; (iii) include transportation coverage for loading, unloading, and transporting of regulated or hazardous substances from the Project Site to the final disposal location with an endorsement scheduling the non-owned disposal facility if disposal of regulated or hazardous substances is included in the Subcontract Work; (iv) specifically include pollution coverage (including mold/fungi and legionella coverage) for all Subcontract Work performed; (v) specifically include pollution coverage for all Subcontract Work associated with asbestos, lead-based paint, and mold abatement; (vi) cover bodily injury, property damage (including natural resource damages) and clean-up costs (including restoration costs) arising out of pollution conditions as a result of the Subcontract Work performed by or on behalf of the Subcontractor including the exacerbation of pre-existing pollution conditions; (vii) include Contractor, Contractor's affiliates and Owner (and others as specifically required by the Subcontract Documents) as "additional insureds;" and (viii) delete or amend any "insured vs. insured" exclusion to provide that the exclusion shall not apply to Contractor's, Owner's and any other required parties' status as "additional insureds." Coverage will be primary insurance and not excess over, or contributing with, any insurance purchased or maintained by Contractor or Owner.
- (h) Aviation Liability insurance/Aircraft Liability insurance, if applicable to the Subcontract Work (e.g. if the Subcontract Work involves the operation, maintenance, or use of any aircraft (manned or unmanned)), must include: (i) non-owned aviation liability insurance/aircraft liability insurance for loss or damage arising out of or related to the use of any aircraft used in the performance of the Subcontract Work; (ii) an endorsement naming the Contractor, Owner, and all others required by the Subcontract as additional insureds; and (iii) bodily injury and property damage and, for manned aircraft, provide passenger liability limits of \$5,000,000 per seat and a combined single limit of not less than \$10,000,000 per occurrence.

- (i) All insurance policies required of Subcontractor under this Paragraph 1: (i) must be issued by insurance companies that have an A.M. Best rating of A- VII or better; (ii) must contain a provision that coverage afforded thereunder shall not be cancelled without thirty (30) days prior written notice to the Contractor; and (iii) may consist of both primary and excess insurance and may carry commercially reasonable deductibles, but may not have self-insured retentions exceeding (1) \$25,000 for Commercial General Liability, (2) \$100,000 for Professional Liability/Errors & Omissions, and (3) \$100,000 for Contractor's Pollution Liability. Subcontractor is responsible for all deductibles and self-insured retentions under all insurance policies required of Subcontractor. If Subcontractor fails to purchase and maintain the insurance coverage required under this Paragraph 1, Contractor may, but shall not be obligated to, obtain such insurance and either charge all costs for such insurance to the Subcontractor or offset the costs of such insurance against amounts due Subcontractor under the Subcontract. Subcontractor shall provide a copy of the policies to Contractor upon request.
 - (j) Certificates of Insurance must be filed with the Contractor prior to Subcontractor starting the Subcontract Work on the Project Site. Such Certificates of Insurance must be in a form and substance acceptable to the Contractor and will provide satisfactory evidence that the Subcontractor has complied with all insurance requirements, including Contractor's, Owner's and any other required parties' status as "additional insureds."
 - (k) Contractor may exclude Subcontractor from the Project Site and withhold payments to Subcontractor until a properly executed certificate of insurance evidencing the insurance required under this Paragraph 1 is received by Contractor.
 - (l) To the extent permitted by law, Subcontractor waives all claims against Contractor, Owner, and others as required in the Subcontract Documents for recovery of damages to the extent these damages are covered or coverable by the Workers' Compensation insurance, Aviation Liability or Aircraft Liability Policies, Commercial General Liability insurance, Professional Liability/Errors & Omissions insurance and Contractor's Pollution Liability insurance policies required of Subcontractor under this RIDER C. In addition, to the extent permitted by law, Subcontractor shall cause the insurers issuing the required Workers' Compensation insurance, Aviation Liability and Aircraft Liability Policies, Commercial General Liability insurance, Professional Liability/Errors & Omissions insurance and Contractor's Pollution Liability insurance policies applicable to the Subcontract Work to be endorsed to waive the rights of recovery or subrogation.
 - (m) The insurance coverages and limits required by this Subcontract do not limit or modify Subcontractor's responsibilities and liabilities specified within the Subcontract Documents or under law.
2. **PERSONAL PROPERTY.** Subcontractor hereby releases Contractor and Owner from all claims for loss or damage to or loss of use of Subcontractor's Personal Property (defined below) in or about the Project Site. Subcontractor shall purchase such insurance in respect to Subcontractor's Personal Property as Subcontractor deems appropriate and Subcontractor's insurance shall waive subrogation against Contractor and Owner. Subcontractor shall require a similar release by Sub-subcontractors. In addition, if Contractor permits Subcontractor to use Contractor's Personal Property, Subcontractor's use of Contractor's Personal Property will be at its sole risk and Subcontractor will indemnify Contractor against any and all claims, damages, losses, costs, and expenses including but not limited to claims for loss or damage to or loss of use of Contractor's Personal Property, attorneys' fees, and court costs arising out of Subcontractor's use of Contractor's Personal Property. For purposes of this RIDER C, "Subcontractor's Personal Property" means and includes tools, equipment, or other personal property that is owned, leased, or otherwise in Subcontractor's possession (excluding Contractor's Personal Property); and "Contractor's Personal Property" means and includes tools, equipment, or other personal property that is owned, leased, or otherwise in Contractor's possession (excluding Subcontractor's Personal Property).
3. **CONTRACTOR'S BUILDER'S RISK INSURANCE.**
- 3.1 **Builder's Risk Insurance Coverage.** Unless otherwise provided in the Subcontract Documents, Contractor will cause to be purchased and maintained, until Substantial Completion of the Project, builder's risk insurance with a "all risk" or equivalent policy form covering work to be performed by Contractor (including those working for or under Contractor) at the Project Site to the full insurable value thereof, on a replacement cost basis and subject to reasonable deductibles. Covered "causes of loss" means risks of direct physical loss or damage to covered property unless specifically excluded or limited under the policy. This insurance will include the interests of Owner, Contractor, Subcontractor, and Sub-subcontractors as additional insureds in respect to the work to be performed by Contractor at the Project, and shall insure against perils of fire (with extended coverage), theft, vandalism, malicious mischief, collapse, temporary falsework, shoring and forms and debris removal, and such other matters as are insured against in the form of the policy maintained by Contractor including, as Contractor deems appropriate, earthquake, flood, or coastal windstorm. Unless specifically provided in writing, such insurance will not include coverage for any property, structure(s) and contents (whether real or personal) owned by the Owner or third parties, including but not limited to Subcontractor's Personal Property, existing as of commencement of Contractor's work or otherwise.
- 3.2 **Builder's Risk Insurance - Waiver of Subrogation.** To the extent of coverage afforded by builder's risk applicable to the Subcontract Work or the Project (excluding deductible and self-insured retention amounts), regardless of whether such insurance is owned by Contractor or Owner, Contractor and Subcontractor agree to waive all rights against (a) each other and any of their subcontractors, sub-subcontractors, agents, and employees, each of the other, and (b) the Owner and any of its contractors, subcontractors, agents, and employees, whether under subrogation or otherwise, for loss or damage to the extent covered by such insurance, except such rights as they may have to the proceeds of such insurance. If the insurance coverage referred to in this paragraph requires an endorsement to provide for continued coverage where there is a waiver of subrogation, then the owners of such policy will cause the policy to be so endorsed. A waiver of subrogation shall be effective as to a party even though that party would otherwise have a duty of indemnification, contractual or otherwise, did not pay the insurance premium directly or indirectly, and whether or not the party had an insurable interest in the property damaged.
4. **APPORTIONMENT OF DEDUCTIBLE.** If (a) the Project suffers a loss, (b) the loss is due in part to the negligence of Subcontractor, and (c) the loss is an insurable loss under builder's risk or other property insurance, then Subcontractor will be liable to Contractor for either (i) the deductible amount if a claim is submitted to the insurance carrier for the loss; or (ii) the actual amount of the loss if (Y) the policy holder determines in its sole discretion not to submit a claim to the insurance carrier for the loss, or (Z) the actual amount of the loss is less than the deductible amount. Contractor may, in its discretion, apportion the deductible amount among other parties responsible for the loss. Subcontractor will promptly pay Contractor, upon demand, for any such amount, and Contractor may offset the amount against any amounts due Subcontractor under the Subcontract.
5. **LOSS PAYABLE.** Any insured loss is to be adjusted by Owner and Contractor and made payable to Contractor, as trustee, or to Owner and Contractor, as joint trustees for the insureds, as their interests may appear, subject to the requirements of any applicable mortgage or loss payable clause.

6. INSURANCE REQUIREMENTS. Neither Contractor nor Owner represents that the insurance required under this RIDER C is adequate to protect the interests of Subcontractor. It is Subcontractor's obligation to determine the types or amounts of insurance that may be needed beyond the insurance required under this RIDER C.

END RIDER C

1:24-cv-06428

Plaintiffs' Local Rule
56.1 Statement

EXHIBIT 98



**PLAINTIFF'S
EXHIBIT**

8

Amn

1:24-cv-06428

Plaintiffs' Local Rule
56.1 Statement

EXHIBIT 99

Facebook interface showing the profile of **Midwest Dock Solutions**.

Midwest Dock Solutions
84 likes • 82 followers

Intro
Midwest Dock Solutions specializes in the service, supply & installation of loading dock equipment a

Featured
Midwest Dock Solutions
October 15, 2016
Install of 4 high speed doors. Taking care our finest Chicago Brewery.

PLAINTIFF'S EXHIBIT
5
adm

1:24-cv-06428

Plaintiffs' Local Rule
56.1 Statement

EXHIBIT 100

